



July 1, 2016

Randall Snyder
Division Director, Acute Care
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Dear Mr. Snyder,

I am requesting copies of the following:

1. Abortion facility license renewal applications for July 1, 2016 – June 30, 2017.
2. Hospital admitting privileges or doctor relationships documentation for licensure period July 1, 2016 – June 30, 2017.
3. Notification documentation to hospitals in the counties and contiguous counties where abortionists operate of hospital admitting privileges/back up relationship physician for licensure period July 1, 2016 – June 30, 2017.
4. Copies of licenses for all abortion facilities for licensure period July 1, 2016 – June 30, 2017.

Please send to the address below or e-mail to cathie.humbarger@ichooselife.org.

Please let me know of any cost related to this request and I will remit payment immediately.

Mail to:
Cathie Humbarger, VP
Indiana Right to Life
2126 Inwood Drive
Fort Wayne, IN 46815

Sincerely,

A handwritten signature in cursive script that reads "Cathie Humbarger".

Vice President of Policy Enforcement
Indiana Right to Life



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

August 10, 2016

VIA U.S. FIRST-CLASS MAIL

Cathie Humbarger, VP
Indiana Right to Life
2126 Inwood Drive
Fort Wayne, Indiana 46815

**RE: Access to Public Records Request
Abortion Facility Licenses**

Dear Ms. Humbarger:

Pursuant to your request, the Indiana State Department of Health (ISDH) is providing copies of the following:

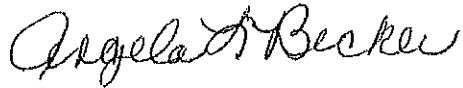
1. Abortion facility license renewal applications for July 1, 2016 – June 30, 2017.
2. Hospital admitting privileges or doctor relationships documentation for licensure period July 1, 2016 – June 30, 2017.
3. Notification documentation to hospitals in the counties and contiguous counties where abortionists operate of hospital admitting privileges/back up relationship physician for licensure period July 1, 2016 – June 30, 2017.
4. Copies of licenses for all abortion facilities for licensure period July 1, 2016 – June 30, 2017.

The documents consist of 950 pages. At a cost of \$.10 per page, the cost of copying is \$95.00. The estimated cost for mailing is \$9.60. Therefore, the total cost of copying and mailing is \$104.60. Please remit payment upon receipt of these documents. Your check should be payable to the Indiana State Department of Health.



If you have any questions, please don't hesitate to contact me at 317-233-7107.

Sincerely,

A handwritten signature in cursive script that reads "Angela L. Becker".

Angela L. Becker
Litigation Liaison
Indiana State Department of Health
Office of Legal Affairs, 3-H
2 N. Meridian Street
Indianapolis, IN 46204
Phone: (317) 233-7107
Fax: (317) 233-7143
Email: abecker2@isdh.in.gov

cc: Randall Snyder, PT, MBA
Division Director Acute Care
Matthew Foster, Attorney
Litigation Chief, Office of Legal Affairs



**APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC**
State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

011133

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JUN 06 2016

Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☐ New Facility ☒ Renewal

☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Clinic For Women

Street Address (number and street)

3607 West 16th St Suite 2B

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46222

Telephone Number

(317) 955-2441

Fax Number

(317) 955-2687

Abortion Clinic e-mail address: cfw@clinic4women.net

Internet Web Address: www.clinic4women.net

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

P.O. Box

City

County

ZIP Code +4

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Counseling of Indiana

Street Address (number and street)

3607 West 16th Street

P.O. Box

City

Indianapolis

State

Indiana

ZIP Code +4

46222

Telephone Number

(317) 955-2441

Fax Number

(317) 955-2687

EIN Number

351391714

Fiscal Year End Date (mm/dd)

12.31

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s), 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: ☒ Laboratory: CLIA Certificate Number 500894576 ☒ Radiology ☒ Counseling
☒ Family Planning ☒ Pharmacy ☐ Other (List): _____

2. Surgical Services: ☒ Gynecology ☒ Other (List): Abortion Services

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing: Physicians: ☒ Registered Nurses: ☐ Licensed Practical Nurses: ☐
Licensed Social Workers: ☐ Other (List title and number): 1 - Receptionist
3 - Surgical Assistants
3 - Medical Assistants
4 - Lab Techs
3 - Pt. Educators
2 - Specimen Techs

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic ☒ Moderate/Conscious Sedation ☐

F. Type of Entity:

For Profit

- ☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Hospital District
☐ Federal
☐ Other (specify) _____

G. Officers (if the business entity is incorporated)

Position	Name	Address/City/State/ZIP
President/Chairperson/CEO	LaDonna Prince	
Vice-President/Vice-Chairperson/COO	Sally Boone	
Treasurer/CFO	Melissa Baker	
Secretary	Linda Williams	

H. Ownership and/or Change in Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. (Use additional sheet if necessary.)

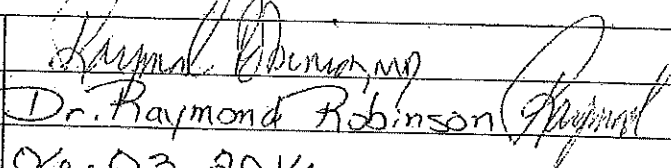
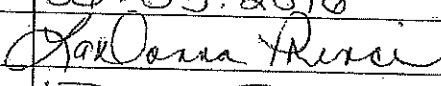
Name	Business Address/City/State/ZIP	EIN Number
LaDonna Prince	3407 W. 16 th St. Indpls, IN 46222	351391714
Dennis Nickle	3407 W. 16 th St. Indpls, IN 46222	351391714

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:	
Printed Name and Title:	Dr. Raymond Robinson
Date of Signature (mm/dd/yyyy):	06.03.2016
Signature of the Clinic Administrator:	
Printed Name and Title:	LaDonna Prince
Date of Signature (mm/dd/yyyy):	06.03.2016

See the following page for instructions regarding licensure fees and submission of this application.

License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
	Zero to 799	\$500.00
	800 to 3,499	\$1,000.00
	3,500 to 6,999	\$2,000.00
	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

1. A completed Application for License to Operate an Abortion Clinic (this form).
2. Any supporting attachments.
3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
4. Payment made payable to "Indiana State Department of Health."

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236



**APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC**
State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

011117

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JUN 06 2016

Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☐ New Facility ☒ Renewal

☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Planned Parenthood of Indiana and Kentucky - Bloomington

Street Address (number and street)

421 S. College Ave.

P.O. Box

City

Bloomington

County

Monroe

ZIP Code +4

47403

Telephone Number

(812)
336-
0219

Fax Number

(812)
336-
2401

Abortion Clinic e-mail address: laura.miller@ppink.org

Internet Web Address: www.ppink.org

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46225

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Planned Parenthood of Indiana and Kentucky, Inc.

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

State

Indiana

ZIP Code+4

46225

Telephone Number

(317) 637-4343 (317) 637-4344 35-0874276

Fax Number

EIN Number

Fiscal Year End Date (mm/dd)

06/30

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s). 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: ☒ Laboratory: CLIA Certificate Number 15D0360690 ☐ Radiology ☐ Counseling

☒ Family Planning ☐ Pharmacy ☐ Other (List): _____

2. Surgical Services: ☒ Gynecology ☐ Other (List): _____

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing : Physicians: ☒ ^{1-APN} Registered Nurses: ☒ ² Licensed Practical Nurses: ☒ ¹

Licensed Social Workers: ☐ ⁰

Other (List title and number): ^{1-Health Center Manager}
^{5-Health Center Assistants}

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic ☒ ²

Moderate/Conscious Sedation ☐ ⁰

F. Type of Entity:

For Profit

- ☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Hospital District
☐ Federal
☐ Other (specify) _____

G. Officers (if the business entity is incorporated)

Position	Name	Address/City/State/ZIP
President/Chairperson/CEO	Marya Rose	200 S. Meridian St. Suite 400
Vice-President/Vice-Chairperson/COO	Kim Green	Indianapolis, IN 46225
Treasurer/CFO	Nathan Ringham	
Secretary	Claudette Einhorn	

H. Ownership and/or Change in Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. (Use additional sheet if necessary.)

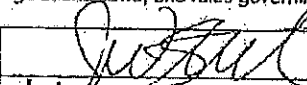
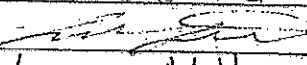
Name	Business Address/City/State/ZIP	EIN Number

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:	
Printed Name and Title:	John Stutsman, Medical Director
Date of Signature (mm/dd/yyyy):	5-20-16
Signature of the Clinic Administrator:	
Printed Name and Title:	Laura Miller, Health Center Manager
Date of Signature (mm/dd/yyyy):	5-20-16

See the following page for instructions regarding licensure fees and submission of this application.

License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
<input checked="" type="checkbox"/>	Zero to 799	\$500.00
<input type="checkbox"/>	800 to 3,499	\$1,000.00
<input type="checkbox"/>	3,500 to 6,999	\$2,000.00
<input type="checkbox"/>	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

1. A completed *Application for License to Operate an Abortion Clinic (this form)*.
2. Any supporting attachments.
3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
4. Payment made payable to "Indiana State Department of Health."

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236



**APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC**

State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

011118
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Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☐ New Facility ☒ Renewal ☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Planned Parenthood of Indiana and Kentucky - Indianapolis

Street Address (number and street)

8950 Georgetown Road

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46268

Telephone Number

(317)
872-
3115

Fax Number

(317)
872-
3188

Abortion Clinic e-mail address:

devyn.purtebaugh@ppink.org

Internet Web Address:

www.ppink.org

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46225

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Planned Parenthood of Indiana and Kentucky, Inc.

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

State

Indiana

ZIP Code +4

46225

Telephone Number

(317) 637-4343

Fax Number

(317) 637-4344

EIN Number

35-0874276

Fiscal Year End Date (mm/dd)

06/30

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s), 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: ☒ Laboratory: CLIA Certificate Number 15D0360690 ☐ Radiology ☐ Counseling
☒ Family Planning ☐ Pharmacy ☐ Other (List): _____

2. Surgical Services: ☒ Gynecology ☐ Other (List): _____

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing: Physicians: ☒ 1-APN Registered Nurses: ☒ 3 Licensed Practical Nurses: ☐ 1

Licensed Social Workers: ☐ 0

Other (List title and number): 1- Health Center Manager
7- Health Center Assistant

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic ☒ 2

Moderate/Conscious Sedation ☒ 2

F. Type of Entity:

For Profit

- ☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Hospital District
☐ Federal
☐ Other (specify) _____

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Name	Business Address/City/State/ZIP	EIN Number

CERTIFICATION OF APPLICATION

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Signature of the Medical Director:

Printed Name and Title:

Date of Signature (mm/dd/yyyy):

Signature of the Clinic Administrator:

Printed Name and Title:

Date of Signature (mm/dd/yyyy):

See the following page for instructions regarding licensure fees and submission of this application.

License Fee

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CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236



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State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

013765

RECEIVED
JUN 06 2016

Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☐ New Facility ☒ Renewal

☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Planned Parenthood of Indiana and Kentucky - Lafayette

Street Address (number and street)

964 Mezzanine Drive

P.O. Box

City

Lafayette

County

Tippecanoe

ZIP Code +4

47905

Telephone Number

765
446-
8078

Fax Number

765
446-
8160

Abortion Clinic e-mail address: amber.kawlewski@ppink.org

Internet Web Address: www.ppink.org

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46225

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Planned Parenthood of Indiana and Kentucky, Inc.

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

State

Indiana

ZIP Code +4

46225

Telephone Number

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EIN Number

35-0874276

Fiscal Year End Date (mm/dd)

06/30

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3. Staffing: Physicians: ☒ ^{APN} Registered Nurses: ☒ Licensed Practical Nurses: ☐

Licensed Social Workers: ☐

Other (List title and number):

1-Health Center Manager
3-Health Center Assistant

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic ☒

Moderate/Conscious Sedation ☐

F. Type of Entity:

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☐ Partnership
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☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☒ Corporation
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☐ Other (specify) _____

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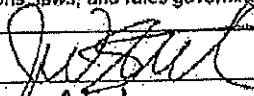
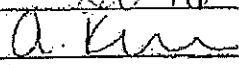
Name	Business Address/City/State/ZIP	EIN Number

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:	
Printed Name and Title:	John Stutsman, Medical Director
Date of Signature (mm/dd/yyyy):	5-20-16
Signature of the Clinic Administrator:	
Printed Name and Title:	Amber Krawtewski, Health Center Manager
Date of Signature (mm/dd/yyyy):	5/20/2016

See the following page for instructions regarding licensure fees and submission of this application.

License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
<input checked="" type="checkbox"/>	Zero to 799	\$500.00
<input type="checkbox"/>	800 to 3,499	\$1,000.00
<input type="checkbox"/>	3,500 to 6,999	\$2,000.00
<input type="checkbox"/>	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

1. A completed Application for License to Operate an Abortion Clinic (this form).
2. Any supporting attachments.
3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
4. Payment made payable to "Indiana State Department of Health."

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236



**APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC**

State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 28)

011116
RECEIVED
JUN 06 2016

Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☐ New Facility ☒ Renewal ☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Planned Parenthood of Indiana and Kentucky - Merrillville

Street Address (number and street)

8645 Connecticut Street

P.O. Box

City

Merrillville

County

Lake

ZIP Code +4

46410

Telephone Number

(219)
769-
3500

Fax Number

(219)
791-
0538

Abortion Clinic e-mail address:

jessica.stienbarger@ppink.org

Internet Web Address:

www.ppink.org

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46225

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Planned Parenthood of Indiana and Kentucky, Inc.

Street Address (number and street)

200 S. Meridian St. Suite 400

P.O. Box

City

Indianapolis

State

Indiana

ZIP Code +4

46225

Telephone Number

(317) 637-4343

Fax Number

(317) 637-4344

EIN Number

35-0874276

Fiscal Year End Date (mm/dd)

06/30

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s), 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: ☒ Laboratory: CLIA Certificate Number 15D0360690 ☐ Radiology ☐ Counseling

☒ Family Planning ☐ Pharmacy ☐ Other (List): _____

2. Surgical Services: ☒ Gynecology ☐ Other (List): _____

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing: Physicians: ☒ ^{APN} Registered Nurses: ☐ Licensed Practical Nurses: ☒

Licensed Social Workers: ☐ Other (List title and number):

1-Health Center Manager
7-Health Center Assistant

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic ☒

Moderate/Conscious Sedation ☐

F. Type of Entity:

For Profit

- ☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Hospital District
☐ Federal
☐ Other (specify) _____

G. Officers (if the business entity is incorporated)

Position	Name	Address/City/State/ZIP
President/Chairperson/CEO	Marya Rose	200 S. Meridian St. Suite 400
Vice-President/Vice-Chairperson/COO	Kim Green	Indianapolis, IN 46225
Treasurer/CFO	Nathan Ringham	
Secretary	Claudette Einhorn	

H. Ownership and/or Change in Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. (Use additional sheet if necessary.)

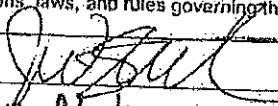
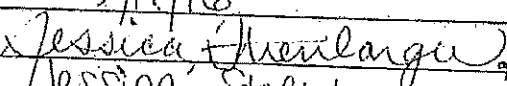
Name	Business Address/City/State/ZIP	FIN Number

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:	
Printed Name and Title:	John Stutsman, Medical Director
Date of Signature (mm/dd/yyyy):	5/19/16
Signature of the Clinic Administrator:	
Printed Name and Title:	Jessica Stienbarger, Manager
Date of Signature (mm/dd/yyyy):	5/19/16

See the following page for instructions regarding licensure fees and submission of this application.

License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
	Zero to 799	\$500.00
✓	800 to 3,499	\$1,000.00
	3,500 to 6,999	\$2,000.00
	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

1. A completed Application for License to Operate an Abortion Clinic (this form).
2. Any supporting attachments.
3. For each physician performing procedures, either:
 - (A) A copy (in writing) of the physician's admitting privileges; or
 - (B) A copy of:
 - (1) his/her written agreement with another physician with admitting privileges; and
 - (2) a copy (in writing) of that physician's admitting privileges.
4. Payment made payable to "Indiana State Department of Health."

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
CASHIER'S OFFICE
P. O. BOX 7236
INDIANAPOLIS, INDIANA 46207-7236



**APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC**

State Form 52233 (R3 / 3-14)
Approved by State Board of Accounts, 2014
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

0111a8
RECEIVED
JUN 06 2016

Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☐ New Facility ☒ Renewal ☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Women's Med Group Professional Corporation

Street Address (number and street)

1201 N Arlington Ave

P.O. Box

City

Indianapolis

County

Marion

ZIP Code +4

46219

Telephone Number

(317)
353 9371

Fax Number

(513)
527 4221

Abortion Clinic e-mail address: martyh@fortemgt.com

Internet Web Address: www.womensmed.com

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

P.O. Box

43100

City

Cincinnati, OH

County

Hamilton (OH)

ZIP Code +4

45243

C. Licensee/Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Women's Med Group Professional Corporation

Street Address (number and street)

P.O. Box

43100

City

Cincinnati

State

OH

ZIP Code+4

45243-0100

Telephone Number

(513) 272 0002

Fax Number

(513) 272 0052

EIN Number

31-1148155

Fiscal Year End Date (mm/dd)

12/31

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s), 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: ☒ Laboratory: CLIA Certificate Number 15D353797 ☒ Radiology ☒ Counseling
☒ Family Planning ☒ Pharmacy ☐ Other (List): _____

2. Surgical Services: ☒ Gynecology ☐ Other (List): _____

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing : Physicians: ☒ Registered Nurses: ☒ Licensed Practical Nurses: ☒

Licensed Social Workers: ☒ Other (List title and number): _____

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic ☒

Moderate/Conscious Sedation ☒

F. Type of Entity:

For Profit

- ☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Hospital District
☐ Federal
☐ Other (specify) _____

G. Officers (if the business entity is incorporated)

Position	Name	Address/City/State/ZIP
President/Chairperson/CEO	W Martin Haskell, MD	PO Box 43100 Cincinnati, OH 45243
Vice-President/Vice-Chairperson/COO		
Treasurer/CFO	Valerie Haskell	PO Box 43100 Cincinnati, OH 45243
Secretary	Valerie Haskell	PO Box 43100 Cincinnati, OH 45243

H. Ownership and/or Change in Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. (Use additional sheet if necessary.)

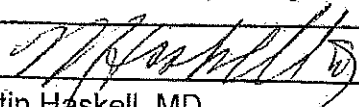
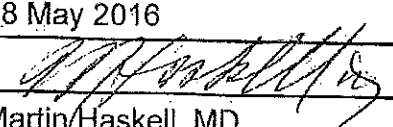
Name	Business Address/City/State/ZIP	EIN Number
W Martin Haskell, MD	PO Box 43100, Cincinnati, OH 45243	

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:	
Printed Name and Title:	Martin Haskell, MD
Date of Signature (mm/dd/yyyy):	28 May 2016
Signature of the Clinic Administrator:	
Printed Name and Title:	Martin Haskell, MD
Date of Signature (mm/dd/yyyy):	28 May 2016

See the following page for instructions regarding licensure fees and submission of this application.

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g., nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD _____

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date 7/7/2014

MD

Date July 7, 2014

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

Is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
December 8, 2015 11:04:07 AM EST	PPCG	221	8	Received
2015-12-08 11:00		YYYY		P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at

and

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and
~~If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____

June 10, 2016

Randall Snyder

Division Director

Indiana State Department of Health

RE:

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status:

Active

Department/Section:

Family Medicine-

Specialty:

Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: MD

is committed to the provision of quality care and is accredited by HFAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,
Medical Staff Services Department

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in _____ I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in _____ I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____. MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of

It is my pleasure to notify you of your reappointment to the Medical Staff of
for two years. Your reappointment
has been approved through December 31, 2017.

Copies of your Delineation of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 40139 Name: M. D. Privileges Effective Date: 6/10/2016 thru 6/9/2018 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Culpecleisis -Colpoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection technique -I&I of Bartholin cyst or percutaneous abscess -I&I of pelvic abscess -Incidental appendectomy -Marsupialization of Bartholin cyst -Metroplasty -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metroplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, extrapubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with curettage, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, myohurectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, ectocervix, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, (transperineal vaginal, Uterovaginal fistula, Vesicovaginal fistula, rectovaginal fistula repair, Vulva biopsy, Vulvectomy, simple	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
*Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases	EXCLUDING: Hypogastric artery ligation

Physician Privileges

Page 2 of 3

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cordage -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Intrapartum fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medications to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (forceps, vacuum extraction, breech extraction) -Performance of breech and multi-fetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital anomalies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thrombocytopenic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Hysterotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2009	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide inpatient or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Gonadotropin releasing hormone (GnRH) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperandrogenism -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Minimally invasive tubal reanastomosis and tubal occlusion -Intra-abdominal transfer of</p>	<p>EXCLUDING: Gonads intra-fallopian (G.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperandrogenism, hyperprolactinemia, Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	gametes and oocytes - Culture and fertilization of oocytes Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary in current or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/cystostomy - Collagen injection - Pubovaginal urethral suspension/sling - Paravaginal repair - Uterosacral colposuspension - Sacrocolpopexy - Scarsapinous ligament suspension - Multichannel urodynamic testing	oocytes - Culture and fertilization of oocytes EXCLUDING: Collagen injection, Paravaginal repair and Sacrocolpopexy
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June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the [redacted] is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID Name Privileges Effective Date Status
 49601 A. D. 6/10/2015 thru 6/9/2017 Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting there from, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomies (inguinal, femoral, pelvic, para-aortic) -Microsurgery -Myocutaneous flaps, skin grafting -Para aortic and pelvic lymph node dissection -Pelvic exenteration (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vaginectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy (to include gestational trophoblastic disease) -Uterine/vaginal isotope implants -Insertion of intracavity radiation application -Salpingo-oophorectomies -Omentectomies -Surgery of the gastrointestinal tract and upper abdomen, including placements of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, procedures of small bowel, mucous fistula formations of small bowel, ileostomies, repair of fistulas, resection and reanastomosis of large bowel	
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposclerolysis -Colpoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including	

Physician Privileges

Page 2 of 3

			<p>Laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection technique -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -</p> <p>Mistuplication of Bartholin cyst -Mctroplasty -</p> <p>Minor gynecological surgical procedures (condomycital biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -</p> <p>Mctroplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterosacral vaginal, Uterovaginal fistula, Vagenvaginal fistula, redivaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>	
*Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -</p> <p>Application of internal fetal and uterine monitors -</p> <p>Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -</p> <p>External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patient, normal antepartum and postpartum care, postpartum complications, fetal deaths -Manual removal of placenta, uterine curettage -</p> <p>Medications to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Perineal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -</p> <p>treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, hemolytic anemia, cardiac disease, anemia and</p>	

Physician Privileges

Page 3 of 3

			hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block	
*Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Care Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/cystostomy - Collagen injection - Perineovaginal urethral suspension/sling - Perineovaginal repair - Uterosacral culposuspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
40360

Name

M.D.

Privileges Effective Date

7/6/2015 thru 7/9/2017

Status

Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	1	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adhesiolysis, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Culplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than total sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection techniques -I&D of Bartholin's cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Manipulation of Bartholin's cyst -Metroplasty -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Metroplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropubic, urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocoele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterovaginal vaginal, Uterovaginal fistula, Vesicovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
*Obstetrics & Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Criteria: Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACGME/ACIA accredited training program in cardiothoracic surgery, general surgery including colon/rectal surgery, gynecology or urology, otolaryngology, bariatric surgery and/or appropriate surgical subspecialty. 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

			<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the FDA-mandated training course in the safe use of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>	
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Anesthesis or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterectomy -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dation, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Mortification induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal</p>	

Physician Privileges

Page 3 of 3

			<p>lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy; such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Hysterotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
Obstetrics & Gynecology APPROVED 2009	9	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: -Cystoscopy -Cystotomy/cystostomy - Collagen injection - Pubovaginal urethral suspension/sling - Paravaginal repair - Uterosacral culposuspension - Sacrocolpopexy - Sacrotuberous ligament suspension - Multichannel urodynamic testing</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID Name
13243

M. D.

Privileges Effective Date
8/10/2014 thru 8/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colpoplasty -Colpocervical -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, leiomyosarcoma, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative including use of resection technique -& of Bartholin cyst or perineal abscess -& of pelvic abscess -Incidental appendectomy -Marsupialization of Bartholin cyst -Metroplasty -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metroplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other fertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterusacral vaginal, Uterovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
*Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, whether provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

History and physical exam - Anniobactasis - Anniobactasis
 infusion - Anniobactasis or Oxytocin infusion -
 Application of lumbar fetal and uterine monitors -
 Augmentation and induction of labor by use of
 Oxytocin - Cesarean hysterectomy, cesarean
 section - Cervical - Cervical biopsy or conization of
 cervix in pregnancy - Circumcision of newborn -
 External version of breech - Hypogastric artery
 ligation - Immediate care of the newborn (including
 resuscitation and intubation) - Interpretation of fetal
 monitoring - Low or mid forceps delivery, including
 rotations - Management of high risk pregnancy
 inclusive of such conditions as pre-eclampsia, pre-
 eclampsia, third trimester bleeding, intrauterine growth
 retardation, premature rupture of membranes,
 premature labor, and multiple gestation and
 placenta abnormalities - Management of patients
 with/without medical surgical or obstetrical
 complications for normal labor including mild
 toxemia, threatened abortion, normal puerperal
 patient, normal antepartum and postpartum care,
 postpartum complications, fetal demise - Manual
 removal of placenta, uterine curettage -
 Medication to induce fetal lung maturity - Normal
 spontaneous vaginal delivery - Obstetrical
 diagnostic procedures, including ultrasonography
 and other relevant imaging techniques - Operative
 vaginal delivery (including forceps, vacuum
 extraction, breech extraction) - Performance of
 breech and multifetal deliveries - Pudendal and
 paracervical blocks - Repair 4th degree perineal
 lacerations or of cervical or vaginal lacerations -
 Treatment of medical complications of pregnancy
 including pregnancy induced hypertension, chronic
 hypertension, diabetes mellitus, renal disease,
 coagulopathies, cardiac disease, anemias and
 hemoglobinopathies, thyroid disease, sexually
 transmitted disease, pulmonary disease,
 thromboembolic disorders, infectious disease,
 ectopic pregnancy and other accidents of
 pregnancy, such as incomplete, complete or missed
 abortion - Vaginal birth after cesarean section
 (VBAC) - Episiotomy and repair - Spontaneous
 vaginal delivery cephalic - Anesthesia and
 analgesia: 1. Parenteral sedation IM & IV; 2.
 Local; 3. Pudendal block; 4. Paracervical block

Physician Privileges

Physician Privileges

Physician ID: #0139 Name: M. D. Privileges Effective Date: 6/10/2014 thru 6/9/2016 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the reproductive glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colpoplasty -Colpocystoscopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic hysteroscopy -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative including use of resection technique -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Marsupialization of Bartholin cyst -Metroplasty -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metroplasty, Myomectomy, abdominal. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of urinary stricture incontinence: vaginal approach. retropubic areolar suspension, sling procedure. Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other infertility surgery (not microsurgical). Umbilical & incisional Hernia Repair with another gynecologic procedure. Uterovaginal fistula. Vaginal fistula. Rectovaginal fistula repair. Vulvar biopsy. Vulvectomy, simple	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovagina fistula
*Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases	EXCLUDING: Hypogastric artery ligation

Physician Privileges

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal placental pattern, normal anispermum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2009	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide inpatient or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to -Clarke intrafallopian transfer (C.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of anovulation, amenorrhea, hyperprolactinemia -Laparoscopic retrieval of oocytes -Ultrasonographic retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubouterine implantation -Intra-abdominal transfer of</p>	<p>EXCLUDING: Gamete intrafallopian (G.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of anovulation, amenorrhea, hyperprolactinemia, Laparoscopic retrieval of oocytes, Ultrasonographic retrieval of oocytes, Techniques of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, Intra-abdominal transfer of gametes and</p>

Physician Privileges

			gametes and zygotes - Culture and fertilization of oocytes	zygotes - Culture and fertilization of oocytes
*Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystotomy/cystostomy - Collagen Injection - Perivaginal urethral suspension/lig - Perivaginal repair - Uterine sacral colposuspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamics testing	EXCLUDING: Collagen Injection, Perivaginal repair and Sacrocolpopexy
		Submit		

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
March 17, 2015 2:51:10 PM EDT

REFMOTF CSID

DURATION
139

PAGES
6

STATUS
Received

03/17/2015 13:47

PAGE 01/06

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

Please send to ER & one of us will take care of your patients. We are the only ones taking.

MD

MD

Phone: _____

07/14/2015 15:35

PAGE 02/02

07/14/2015 15:59

#104 P.002/002

FROM: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

Phone: _____

MD

MD

Phone: _____

Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT
04/13/2016 18:30 FAX

RECEIVED CSTR

DURATION
55

PAGES
1

STATUS
Received
00001/0001

FAX to

April 13, 2016

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD
office

MD

Phone: _____

MD

Phone: _____

MD

Phone: _____

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: f:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. . currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.

A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear :

It is my pleasure to inform you that the Board of Trustees of _____
_____ has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

KRISTI BLEDSOE, ADMINISTRATOR
ST VINCENT FRANKFORT HOSPITAL INC
1300 S JACKSON ST
FRANKFORT, IN 46041

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

TERRENCE KLEIN, ADMINISTRATOR
FRANCISCAN ST ELIZABETH HEALTH - CRAWFORDSVILLE
1710 LAFAYETTE RD
CRAWFORDSVILLE, IN 47933

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

TERRANCE WILSON, ADMINISTRATOR
FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE EAST
1701 S CREASY LN
LAFAYETTE, IN 47905

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

DONALD CLAYTON, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL
5165 MCCARTY LN
LAFAYETTE, IN 47905

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director





Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JANE CRAIGIN, ADMINISTRATOR
ST VINCENT WILLIAMSPORT HOSPITAL INC
412 N MONROE ST
WILLIAMSPORT, IN 47993

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JEFFREY ZEH, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL
720 SOUTH SIXTH ST
MONTICELLO, IN 47960

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director



Clinic

Clinic for Women

Boone

~~Hamilton~~

Harceek

Hardricks 2

Johnson 1

Marion 8

Morgan

Shelby

PPINKY Bloomington

Greene

Hardricks

Jackson

Johnson

Lawrence 2

Marion

Munroe

Putnam

PPINKY Indianapolis

~~Boone~~

~~Hamilton~~

Harceek

Hardricks

~~Johnson~~

Marion

Morgan

Shelby

Women's Med Group

Boone-

Hamilton

Harbeck

Hendricks

Johnson

Martin

Morgan

Shelby

PPINKY Merrillville

Jasper

-Lake

PPINKY Lafayette

-Clinton |

Montgomery |

Tippecanoe Z

Warren

-White



**Indiana State
Department of Health**
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

SCOTT TEFFETELLER, ADMINISTRATOR
COMMUNITY HOSPITAL EAST
1500 N RITTER AVE
INDIANAPOLIS, IN 46219

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

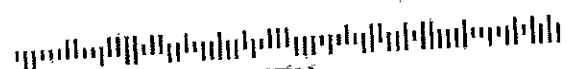
(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

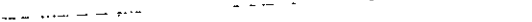
Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222



Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Staff Appointment Date: From: 09/24/1981 - Present

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

: MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

|||||
PLANNED PARENTHOOD BLOOMINGTON
421 S. COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DQ

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and:

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at: In addition, my cell number is: Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling: Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____

I and _____

~~If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____

In addition, my cell number is _____

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____

Please provide the

patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that, _____ M.D., does have admitting privileges at: _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

. MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.


is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service



WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: F:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear ,

It is my pleasure to inform you that the Board of Trustees of _____
_____ has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

DONALD FESKO, ADMINISTRATOR
COMMUNITY HOSPITAL
901 MACARTHUR BLVD
MUNSTER, IN 46321

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HBA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1);
- where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



|||||
PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
40139

Name

M. D.

Privileges Effective Date
6/10/2016 thru 6/9/2018Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Hysteroscopy hysterectomy, for diagnosis and treatment of pelvic pain, pelvic mass, leiomyomata, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysterectomy, diagnostic or ablative excluding use of resection technique -MII of Bartholin's cyst or perineal abscess -MII of pelvic abscess -Incidental appendectomy -Minimally-invasive of Bartholin's cyst -Microplasty -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Microplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, uterine prolapse suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, ectopic, ectopic, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Uterine & Intrauterine devices Repair with another gynecologic procedure, Abdominal vaginal, Uterovaginal fistula, Vaginal fistula, Uterovaginal fistula repair, Vulvar biopsy, Vulvectomy, Simple	EXCLUDING: Vaginal Hysterectomy, including hysteroscopic and Uterovaginal fistula
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders	EXCLUDING: Hypogastric artery ligation

Physician Privileges

Page 2 of 3

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are consistent with the same techniques and skills. -Performance of history and physical exam. -Amniocentesis. -Amnio infusion. -Amniotomy or Oxytocin induction. -Application of internal fetal and uterine monitors. -Augmentation and induction of labor by use of Oxytocin. -Cesarean hysterectomy, cesarean section. -Cervix. -Cervical biopsy or conization of cervix in pregnancy. -Circumcision of newborn. -External version of breech. -Hypogastric artery ligation. -Immediate care of the newborn (including resuscitation and intubation). -Interpretation of fetal monitoring. -Low or mid forceps delivery, including rotations. -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities. -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm patient, normal antepartum and postpartum care, postpartum complications, fetal demise. -Manual removal of placenta, uterine curettage. -Medications to induce fetal lung maturity. -Normal spontaneous vaginal delivery. -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques. -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction). -Performance of breech and multifetal deliveries. -Pudendal and paracervical blocks. -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations. -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion. -Vaginal birth after cesarean section (VBAC). -Hysterotomy and repair. -Spontaneous vaginal delivery. -Anesthesia and analgesia: 1. Paracervical sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block.</p>	
Obstetrics/Gynecology APPROVED 2009	11	Reproductive Endocrinology Core Privileges	<p>Adult, cystitis, diagnose, treat and provide dependent or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Genetic inheritance transfer (G.I.V.T.). -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of polycystic, amenorrhea, hypoprolactinemia, hyperprolactinemia. -Laparoscopic retrieval of oocytes. -Ultrasound retrieval of oocytes. -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer. -Microsurgical tubal reanastomosis and tubouterine implantation. -Intra-abdominal transfer of</p>	<p>EXCLUSION: Genetic inheritance transfer (G.I.V.T.). -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of polycystic, amenorrhea, hypoprolactinemia, hyperprolactinemia. -Laparoscopic retrieval of oocytes. -Ultrasound retrieval of oocytes. -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	gametes and zygotes - Culture and fertilization of oocytes Advise, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary in current or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: - Cystoscopy - Cystourethrolysis - Collagen injection - Pudo vaginal urethral suspension/tilting - Perineal repair - Uterine sacropexy - Sacrocolpopexy - Sacrotuberous ligament suspension - Multichannel urodynamics testing	zygotes - Culture and fertilization of oocytes EXCLUDED: Collagen injection, Perineal repair and Sacrocolpopexy
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June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the [redacted] is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

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Physician Privileges

Physician ID
49601

Name

J. D.

Privileges Effective Date
6/10/2015 thru 6/30/2017Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	<p>Adult, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomy (inguinal, thoracic, pelvic, para-aortic) -Microsurgery -Myometrium flaps, skin grafting -Para aortic and pelvic lymph node dissection -Pelvic mesenterectomy (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, rectum, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vaglectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease -Uterine/vaginal isotope implants -Insertion of brachytherapy radiation applicator -Salpingo-oophorectomy -Omentectomy -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resection and reconstruction of small bowel, procedures of small bowel, mucous fistula formation of small bowel, omentectomy, repair of fistulas, resection and reconstruction of large bowel</p>	
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Adult, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adjuvant surgery, including ovarian cystectomy, nephrectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cytoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than total sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including</p>	

Physician Privileges

Page 2 of 3

			<p>Laparoscopic-Hysteroscopy, diagnostic or ablative excluding use of resection technique -J&D of Bartholin cyst or perineal abscess -J&D of pelvic abscess -Incidental appendectomy -</p> <p>Mucuplication of Bartholin cyst -Mamoplasty -</p> <p>Minor gynecological surgical procedures (cervical biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -</p> <p>Melioplasty, Myomectomy, abdominal. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of urinary stress incontinence; vaginal approach. retropubic urethral suspension, sling procedure. Operations for treatment for benign pelvic disease: O&C with coeliotomy, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional). (Operative) Laparoscopy for pelvic pain and infertility. Repair of ectopic, ectopic, ectopic, or pelvic prolapse. Tuboplasty and other fertility surgery (not microsurgical). Umbilical & Inguinal Hernia Repair with another gynecologic procedure. Uterine-sacral vaginal, transvaginal fistula, Vaginal-vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amniotic infusion -Amniotomy or Oxytocin induction -</p> <p>Application of internal fetal and uterine monitors -</p> <p>Augmentation and induction of labor by use of Oxytocin -Caesarian hysterectomy, cesarean section -Cervical biopsy or examination of cervix in pregnancy -Circumcision of newborn -</p> <p>External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and ventilation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotation -Management of high risk pregnancy exclusive of such conditions as pre-eclampsia, postpartum, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, preterm labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm labor, normal cesarean and postpartum care, postpartum complications, fetal distress -Manual removal of placenta, uterine curettage -</p> <p>Medications induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Perineal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -</p> <p>Management of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital, cardiac disease, anemias and</p>	

Physician Privileges

Page 3 of 3

			<p>hematologic disorders, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortions - Vaginal birth after cesarean section (VBAC) - Epistaxis and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Case Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges included but are not limited to: -Cystoscopy -Cystostomy/cystostomy - Collagen injection - Perineal repair - Uterine suspension - Sacrospinopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire:

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID Name Privileges Effective Date Status
 40760 M.D. 7/6/2013 thru 7/9/2017 Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Conical biopsy, including coneization -Colposcopy -Cervixoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometritis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysterectomy, diagnostic or ablative including use of resection technique -LAP of Bartholin's cyst or perineal abscess -LAP of pelvic abscess -Incidental appendectomy -Mastopexy -Mastopexy of Bartholin's cyst -Mastopexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Mastopexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease; D&C with contraception, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of retrocervix, endometriosis, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Unilateral & Bilateral Hysterectomy with another gynecologic procedure, Uterine-sacral vaginal, Uterovaginal fistula, Vaginal-vaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vaginal, simple	
*Obstetrics & Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Criteria: Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACHS/ACCME accredited training program in cardiovascular surgery, general surgery including colorectal surgery, gynecology or urology, otolaryngology, bariatric surgery and/or appropriate surgical subspecialty. 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

			<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the FDA-mandated training course in the use of the robotic surgical system which must include on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages; and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills: -Performance of biopsy and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarian hysterectomy, hysterotomy section -Cervical biopsy or examination of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy exclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, preterm labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and perineal biopsies -Repeat 4th degree perineal</p>	

Physician Privileges

Page 3 of 3

			<p>lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local: 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics & Gynecology APPROVED 2009	2	Urogynecology Core Privileges	<p>Adult, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: -Cystoscopy -Cystourethroscopy - Collagen injection - Pubovaginal sealant suspension/fix - Perineal repair - Uterine suspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison

Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID: 13243 Name: M. D. Privileges Effective Date: 1/10/2014 thru 12/9/2016 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2809	3	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnosis and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, menorrhagia, endometriosis and adhesions -Endometrial ablation -Gynecologic ultrasonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative (including use of resection techniques -LAP) of Bartholin cyst or perineal abscess -LAP of pelvic abscess -Incisional appendectomy -Manipulation of Bartholin cyst -Metoplastic -Major gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metoplastic, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other fertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterus/vaginal repair, Uterovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>	
Obstetrics/Gynecology APPROVED 2809	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of</p>	

Physician Privileges

		<p> history and physical exam - Anesthesiology - Anesthesia - Application of internal fetal and maternal monitors - Augmentation and induction of labor by use of Oxytocin - Cesarean hysterectomy, cesarean section - Cerclage - Cervical biopsy or conization of cervix in pregnancy - Circumcision of newborn - External version of breech - Hypogastric artery ligation - Immediate care of the newborn (including resuscitation and isolation) - Interpretation of fetal monitoring - Low or viral therapy delivery, including cesarean - Management of high risk pregnancy including of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities - Management of patients with/without medical surgical or obstetrical complications in normal labor including mild toxemia, threatened abortion, normal puerperal patient, normal amniotomy and postpartum care, postpartum complications, fetal demise - Manual removal of placenta, uterine curettage - Medication to induce fetal lung maturity - Normal spontaneous vaginal delivery - Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques - Operative vaginal delivery (including breech, vacuum extraction, breech extraction) - Performance of forceps and multi-fetal deliveries - Pudendal and paracervical blocks - Repair 4th degree perineal lacerations or of cervical or vaginal lacerations - Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, hemoglobinopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthetics and analgesic: 1. Paracervical sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block </p>
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Physician Privileges

Physician Privileges

Physician ID	Name	M.D.	Privileges Effective Date	Status
40139			6/10/2014 thru 6/6/2016	Active
Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the reproductive glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Pelvic exam of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cervical biopsy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic masses, endometriosis, endometrial lesions and adhesions -Endometrial ablation -Cervical biopsy -Hysteroscopy, abdominal, vaginal, including laparoscopy -Hysteroscopy, diagnostic or operative including use of resection techniques -I&D of Bartholin's cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Adenomyectomy of Bartholin's cyst -Mastopexy -Major gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Salpingectomy, Myomectomy, hysterectomy.</p> <p>Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of urinary stone (nephrectomy, vaginal approach, intrapubic urethral suspension, sling procedure). Operations for treatment for benign pelvic disease: D&C with conization, hysterectomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of rectocele, enterocele, cystocele, or pelvic prolapse. (Tuboplasty and other infertility surgery (not microvascular). Umbilical & Incisional Hernia Repair with another gynecologic procedure. Uterovaginal fistula. Uterovaginal fistula. Vaginal fistula, rectovaginal fistula repair. Vaginal biopsy. Vaginitis, simple</p>	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders</p>	EXCLUDING: Hysterectomy, uterine ligation

<p>Obstetrics/Gynecology APPROVED 2009</p>	<p>11</p>	<p>Reproductive Endocrinology Core Privileges</p>	<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and cardiac monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, tubal ligation -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, preterm labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor, including mild toxemia, threatened abortion, normal postpartum pattern, normal miscarriage and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Perineal and pericervical blocks -Rupture 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thrombotic/thrombotic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Perineal sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	<p>EXCLUDING: Genetic counseling (G.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, hyperthyroidism, hyperprolactinemia, laparoscopic removal of oocytes, ultrasound removal of oocytes, technique of IVF including zona manipulation/ zona harvesting, embryo transfer, Microsurgical tubal anastomosis and tubal occlusion, Intra-abdominal transfer of gametes and</p>
<p>Obstetrics/Gynecology APPROVED 2009</p>	<p>11</p>	<p>Reproductive Endocrinology Core Privileges</p>	<p>Admit, evaluate, diagnose, treat and provide disposition or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to - Genetic intrafallopien transfer (G.I.F.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of amenorrhea, hyperprolactinemia - Laparoscopic retrieval of oocytes - Ultrasound retrieval of oocytes - Technique of IVF including zona manipulation/ zona harvesting, embryo transfer, Microsurgical tubal anastomosis and tubal occlusion, Intra-abdominal transfer of gametes and</p>	<p>EXCLUDING: Genetic counseling (G.I.F.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, hyperthyroidism, hyperprolactinemia, laparoscopic removal of oocytes, ultrasound removal of oocytes, technique of IVF including zona manipulation/ zona harvesting, embryo transfer, Microsurgical tubal anastomosis and tubal occlusion, Intra-abdominal transfer of gametes and</p>

Physician Privileges

			gametes and zygotes - Culture and fertilization of oocytes	zygotes - Culture and fertilization of oocytes
*Obstetrics & Gynecology APPROVED 2008	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to deliver or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystotomy/cystostomy - Collagen injection - Perineovaginal medical suspension/repair - Perineovaginal repair - Uterine and outpouching - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel incontinence testing	EXCLUDING: Collagen injection, Perineovaginal repair and Sacrocolpopexy
Submit				

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
March 17, 2015 2:51:10 PM EDT
03/17/2015 13:47

REFUTE CSID

DURATION
139

PAGES
6

STATUS
Received

PAGE 81/86

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Please Send to ER & one of us will
Sincerely, take care of your patients.
we are the only ones taking
- BR call

MD

MD

Office
Phone: _____

07/14/2015 15:35

07/14/2015 15:59

PAGE 02/02
#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

MD
Phone: _____

_____, MD
Phone: _____

MD
Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

April 13, 2016 4:27:44 PM EDT

04/13/2016 16:30 FAX

RECEIVED FROM

DURATION
55

PAGES
1

STATUS
Received
00001/0001

FAX TO

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in _____

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD
[Signature]

MD

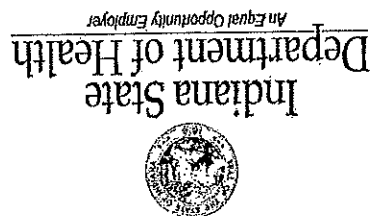
Phone: _____

MD

Phone: _____

MD

Phone: _____



Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

KATHLEEN KRUSIE, ADMINISTRATOR
COMMUNITY HOSPITAL NORTH
7150 CLEARVISTA DR
INDIANAPOLIS, IN 46256

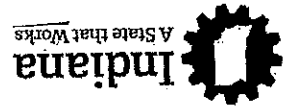
Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:


(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



2 North Meridian Street • Indianapolis, IN 46204
317.233.1325 tdd 317.233.5577
www.statehealth.in.gov
To promote and provide essential public health services.



CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

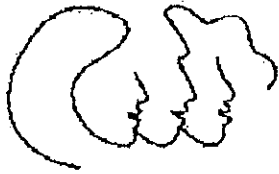
- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0-2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3-1-14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

_____ M.D. is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

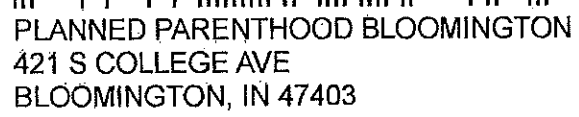
Date

7/7/2014

MD

Date

July 7, 2014



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE: DQ

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at _____ and _____ in _____
If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 18 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
~~If the covering GYN physician or the only physician at these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: '

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution, DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service



WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: _____
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____ in
_____ has approved your reappointment at
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

TONY LENNEN, ADMINISTRATOR
COMMUNITY HOSPITAL SOUTH
1402 E COUNTY LINE RD S
INDIANAPOLIS, IN 46227

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From; 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

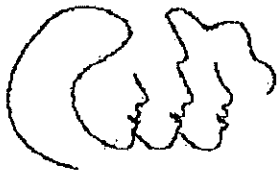
3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

|||||
PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 18 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and
~~If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formbook: Fort Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the

patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health
RE: '

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:

Fax:

Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

..... MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at and
..... I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and . . .
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . . .
. . . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

Re: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.


is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service



WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. . currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

_____ If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

LISA HARRIS, ADMINISTRATOR
ESKENAZI HEALTH
720 ESKENAZI AVENUE
INDIANAPOLIS, IN 46202

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
 - The application of specific methods of respiratory therapy.
 - The clinical management of the patient unconscious from whatever cause.
 - The clinical management of various fluid, electrolyte and metabolic disturbances.
 - The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
 - The management of problems in cardiac and respiratory resuscitation.
 - The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
 - The support of life functions under the stress of anesthetic and surgical manipulations.
 - Epidural and subarachnoid injections
 - Peripheral nerve blocks
 - > 10 Years
 - 0 -2 Years
 - 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD

3-1-14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3-1-14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

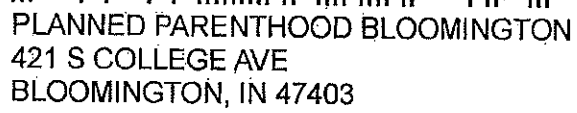
In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date 7/7/2014

MD

Date July 7, 2014



June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPOS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at

and

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and
If the covering GYN physician or the physician of these hospitals is
uncomfortable with any postabortal services patient from Planned Parenthood of
Indiana (PPIN) needing admission, I will assume care of that patient, and will
arrange patient admission and care for each patient needing my services according
to each patient's need.

Formatted font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From: Friday, June 10, 2016 12:42 PM
Sent: Snyder, Randall
To: RE: Privilege Verification
Subject:

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr.: _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
_____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

_____, MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at and . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department;

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

MICHAEL STENGER, ADMINISTRATOR
FRANCISCAN HEALTHCARE - MUNSTER
701 SUPERIOR AVE
MUNSTER, IN 46321

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



|||||
PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 40139 Name: M. D. Privileges Effective Date: 6/10/2016 thru 6/9/2018 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Care Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Mechanism of history and physical exam -Adnexal surgery, including ovaries, cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Cervixelectic -Colpoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic H&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Hysterectomy -Hysterectomy, for diagnosis and treatment of pelvic pain, pelvic masses, hemoperitoneum, endometriosis and indications -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection technique -LAI of Bartholin's cyst or perineal abscess -LAI of pelvic abscess -Incidental appendectomy -Manipulation of Bartholin's cyst -Metropexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Microplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropublic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with contraception, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, ectopic, ectopic, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Unilateral & Bilateral Hysterectomy with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, Simple	EXCLUDING: Vaginal Hysterectomy, including hysterectomy and Uterovaginal fistula
*Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Care Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders	EXCLUDING: Nypoplastic uterine ligation

Physician Privileges

Page 2 of 3

		<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam. -Amniocentesis -Amnio infusion -Amniocentesis or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complication for normal labor including mild toxemia, threatened abortion, normal postpartum patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medications to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multiple deliveries -Perineal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital defects, cardiac disease, anemia and hemoglobinopathies, myeloid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, eclampsia pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Hysterotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Paracervical sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2009	11	<p>Reproductive Endocrinology Core Privileges</p> <p>Adult, evaluate, diagnose, treat and provide important or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Genetic infertility transfer (GIFT) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypogonadism, amenorrhea, hyperprolactinemia -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tuboterminal implantation -Intra-abdominal transfer of</p>	<p>EXCLUDING: Gamete intrafallopian (GIFT) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypogonadism, amenorrhea, hyperprolactinemia -Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPROVED 2007	9	Urogynecology Core Privileges	<p>gametes and oocytes - Culture and fertilization of oocytes</p> <p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra- and post-operative care necessary in current or treat female patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to -</p> <ul style="list-style-type: none"> Cystoscopy - Cystotomy/cystostomy - Collagen injection - Pubovaginal urethral suspension/sling - Paravaginal repair - Uterine sacral colpop suspension - Sacrocolpopexy - Transvaginal ligament suspension - Multichannel urodynamics testing 	<p>oocytes - Culture and fertilization of oocytes</p> <p>EXCLUDING: Collagen injection, Paravaginal repair and Sacrocolpopexy</p>
--	---	-------------------------------	---	---

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the [redacted] is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 49601 Name: J. D. Privileges Effective Date: 6/10/2015 thru 6/9/2017 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	Adult, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomy (inguinal, femoral, pelvic, para-aortic) -Microsurgery -Myometrium flaps, skin grafting -Hernia repair and pelvic lymph node dissection -Pelvic reconstruction (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vaginectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease -Uterine/vaginal in situ implants -Institution of intracavity radiation application -Salpingo-oophorectomy -Oophorectomy -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, procedures of small bowel, mucous fistula formation of small bowel, ileostomy, repair of fistulas, resection and reanastomosis of large bowel	
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Adult, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic I&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Hysteroscopic ablation -Gynecologic angiography -Hysterectomy, abdominal, vaginal, including	

Physician Privileges

Page 2 of 3

			<p>Laparoscopic -Hysteroscopy, diagnostic or ablative, excluding use of resection technique -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -</p> <p>Marsupialization of Bartholin cyst -Myomplasty -</p> <p>Minor gynecological surgical procedures (condomectomies, dilation and curettage, treatment of Bartholin cyst and abscess) -</p> <p>Myomplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach: retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: U&C with coagulation, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterine/vaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, claspic</p>	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the basic techniques and skills. -Performance of history and physical exam -Amniocentesis -Amniotic infusion -Amniotomy or Oxytocin induction -</p> <p>Application of internal fetal and uterine monitors -</p> <p>Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -</p> <p>External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, preterm labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm labor, normal aneparturition and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -</p> <p>Medications to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Perineal and paravaginal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -</p> <p>Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, sepsis and</p>	

Physician Privileges

Page 3 of 3

			<p>hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thrombocytopenic disorders, infectious disease, ectopic pregnancy and other medicals of pregnancy, such as incomplete, complete or missed abortions - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation (M & IV); 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
<p>Obstetrics/Gynecology APPROVED 2009</p>	9	<p>Gynecology Care Privileges</p>	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: -Cystoscopy -Cystostomy/cystostomy - Collagen injection -Perineoplasty/anal sphincter suspension -Paravaginal repair -Uterine artery embolization -Hysteroscopy -Hysterosalpingogram -Hysterosalpingography -Hysteroscopic myomectomy -Endometrial ablation -Endometrial biopsy -Endometrial sampling -Endometrial curettage -Endometrial ablation -Endometrial biopsy -Endometrial sampling -Endometrial curettage</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID NAME
40360

M.D.

Privileges Effective Date
7/6/2013 thru 7/6/2017Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology (Core Privileges)	Admit, evaluate, diagnose, treat, and provide consultations, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Conized biopsy, including conization -Colposcopy -Cervixoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysterectomy, diagnostic or ablative excluding use of resection technique -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Mastopexy of Bartholin cyst -Mastopexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Mastopexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, cervix, uterus, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropublic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with contraception, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, myomectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical or Incisional Hernia Repair with another gynecologic procedure, Uterine/vaginal, Uterovaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
*Obstetrics/Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Criteria: Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACGME/ACCME accredited training program in cardiovascular surgery, general surgery including colorectal surgery, gynecology or urology, minimally-invasive surgery and/or appropriate surgical subspecialty. 3. Clinical privilege for upon completion that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

			<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the IYIA-mandated training course in the utilization of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon.</p> <p>OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. A additional proctored cases may be at the discretion of the proctor and/or the Credentials and Privileges Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>	
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The current privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterectomy -Cervical biopsy or dilation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligature -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including ventouse -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm patient, normal ante-partum and post-partum care, post-partum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical supportive procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Prenatal and perineurial blocks -Ropax 4th degree perineal</p>	

Physician Privileges

Page 3 of 3

			lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthetics and analgesic: 1. Parenteral sedation IM & IV; 2. Local: 3. Pudendal block; 4. Paracervical block
*Obstetrics & Gynecology APPROVED 2009	9	Gynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to -Cystoscopy -Cystotomy/cystostomy - Collagen injection -Perineovaginal urethral suspension/repair -Transvaginal repair -Uterosacral ligament suspension -Sacrocolpopexy -Sacrospinous ligament suspension -Multichannel urodynamic testing

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
" " Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID
13243

Name

M. D.

Privilege Effective Date
8/10/2014 thru 8/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the urinary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of teratomas -Cervical biopsy, including conization -Colposcopy -Colporrhaphy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, leiomyosarcoma, endometriosis and adhesions -Endometrial ablation -Hysteroscopic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablation (excluding use of resection techniques -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Marsupialization of Bartholin's cyst -Metoplastic -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metoplastic, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retroperitoneal urethral suspension, sling procedure, Operations for treatment for benign pelvic disorder: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, myomectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterine/ovarian/ovary, Ovariovaginal fistula repair, Vaginal/vaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vulvectomy, simple</p>	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical-obstetric that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of</p>	

Physician Privileges

delivery and physical exam - Amniocentesis - Amnio-
 infusion - Amniotomy or Oxytocin induction -
 Application of internal fetal and uterine monitors -
 Augmentation and induction of labor by use of
 Oxytocin - Cesarean hysterectomy, cesarean
 section - Cervix - Cervical biopsy or conization of
 cervix in pregnancy - Circumcision of newborn -
 External version of breech - Hypogastric artery
 ligation - Immediate care of the newborn (including
 resuscitation and intubation) - Interpretation of fetal
 monitoring - Low or mid forceps delivery, including
 rotations - Management of high risk pregnancy
 inclusive of such conditions as pre-eclampsia, post-
 eclampsia, third trimester bleeding, intrauterine growth
 retardation, premature rupture of membranes,
 premature labor, and multiple gestation and
 placenta abnormalities - Management of patients
 with/without medical surgical or obstetrical
 complications for normal labor including mild
 toxemia, threatened abortion, normal placental
 previa, normal amniotomy and postpartum care,
 postpartum complications, fetal demise - Manual
 removal of placenta, uterine curettage -
 Medication to induce fetal lung maturity - Normal
 spontaneous vaginal delivery - Obstetrical
 diagnostic procedures, including ultrasonography
 and other relevant imaging techniques - Operative
 vaginal delivery (including forceps, vacuum
 extraction, breech extraction) - Performance of
 breech and multifetal deliveries - Pudendal and
 paracervical blocks - Repair 4th degree perineal
 lacerations or of cervical or vaginal lacerations -
 Treatment of medical complications of pregnancy
 including pregnancy induced hypertension, chronic
 hypertension, diabetes mellitus, renal disease,
 hemoglobinopathies, cardiac disease, anemia and
 thrombocytopenia, thyroid disease, sexually
 transmitted disease, pulmonary disease,
 thromboembolic disorders, infectious disease,
 ectopic pregnancy and other medical conditions of
 pregnancy, such as incomplete, uncomplete or missed
 abortion - Vaginal birth after cesarean section
 (VBAC) - Episiotomy and repair - Spontaneous
 vaginal delivery cephalic - Anesthesia and
 analgesia: 1. Paracervical sedation IM & IV; 2.
 Local; 3. Pudendal block; 4. Paracervical block

Physician Privileges

Physician Privileges

Physician ID	Name	Privileges Effective Date	Status	
40119	M.D.	6/10/2014 thru 6/30/2016	Active	
Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Adult, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the urogenital system and non-surgically treat disorders and injuries of the accessory glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. Performance of history and physical exam. Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy. Aspiration of breast masses. Cervical biopsy, including conization. Colposcopy. Colposcopy. Colposcopy. Cystoscopy as part of gynecological procedure. Diagnostic and therapeutic D&C. Diagnostic and operative Laparoscopy (other than tubal sterilization). Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions. Endometrial ablation. Gynecologic sonography. Hysterectomy, abdominal, vaginal, including laparoscopic. Hysterectomy, diagnostic or ablative including use of resection techniques. I&D of Bartholin's cyst or perineal abscess. I&D of pelvic abscess. Incisional appendectomy. Manipulation of Bartholin's cyst. Metoplastic. Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) - metoplastic. Myomectomy, abdominal. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of primary stage resection: vaginal approach, uterine to medial suspension, sling procedure. Operations for treatment for benign pelvic disease: D&C with conization, hysterectomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other infertility surgery (not microsurgeries). Umbilical & Incisional Hernia Repair with another gynecologic procedure. Uterovaginal fistula. Uterovaginal fistula repair. Vaginal biopsy. Vagotomy, simple</p>	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Adult, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases</p>	EXCLUDING: Hypogastric artery ligation

Physician Privileges

		<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the basic techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarian hysterectomy, cesarean section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and incubation) -Intrapartum fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, prolapsed labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia. -Induced abortion, normal postpartum patients, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, Vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Pudendal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, preeclampsia, eclampsia, sepsis and hemolytic disease, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other conditions of pregnancy, such as toxemia, toxoplasma or related abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Perineal anesthesia 2. IV; 3. Local; 3. Pudendal block; 4. Perineal block</p>	
Obstetrics/Gynecology APPROVED 2009	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide patient or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Genetic Intrauterine transfer (G.I.F.T.) -Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, amenorrhea, hyperproliferative -Laparoscopic retrieval of oocytes -Ultrasonically assisted retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubovaginal anastomosis -Intra-abdominal transfer of</p> <p>EXCLUDING: Genetic Intrauterine transfer (G.I.F.T.) -Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, amenorrhea, hyperproliferative -Laparoscopic retrieval of oocytes -Ultrasonically assisted retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

			germ cells and zygotes - Culture and fertilization of oocytes	zygotes - Culture and fertilization of oocytes
*Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative and necessary to extract or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystotomy/cystostomy - Collagen Injection - Perineal/anal medical suspension/repair - Perineal repair - Uterosacral colporrhaphy - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel myofascial testing	EXCLUDING: Collagen injection, Perineal repair and Sacrocolpopexy
Subtotal				

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
March 17, 2015 2:51:10 PM EDT

REMOTE CSID

DURATION
139

PAGES
6

STATUS
Received

03/17/2015 13:47

PAGE 01/06

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

Please send to ER & one of us will
take care of your patients.
We are the only ones taking.
ER call

MD

MD

Phone: _____

07/14/2015 15:35

PAGE 02/02

07/14/2015 15:59

#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

_____, MD

Phone: _____

_____, MD

_____, MD

Phone: _____

Phone: _____

**** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY ****

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT
04/13/2016 18:30 FAX

REMISSIVE CENTER

DURATION
55

PAGES
1

STATUS
Received
00001/0001

FAX to

April 13, 2016

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in _____.

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD
[Signature]

MD

Phone: _____

MD

Phone: _____

MD

Phone: _____



**Indiana State
Department of Health**
An Equal Opportunity Employer

Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

MICHAEL STENGER, ADMINISTRATOR
FRANCISCAN ST MARGARET HEALTH - HAMMOND
5454 HOHMAN AVE
HAMMOND, IN 46320

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337; IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care



Indiana
A State that Works

|||||
PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
40139

Name

M. D.

Privileges Effective Date
6/10/2016 thru 6/9/2018Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adoptal surgery, including ovarian cystectomy, oophorectomy, salpingo-oophorectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colpocleisis -Colpoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Hysteroscopic hysterectomy, the diagnosis and treatment of pelvic pain, pelvic masses, leiomyomata, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablation including use of resection technique -I&D of Bartholin's cyst or perineal abscess -I&D of pelvic abscess -Incisional hysterectomy -Mastopexy -Mastectomy -Metriplexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Myomectomy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endocervix, cervix, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, uterovaginal urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with contralateral, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingo-oophorectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, ectopic, cystic, or pelvic injuries, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, a non-gynecological vaginal, Uterovaginal fistula, Vaginal/vaginal fistula, ectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and uterovaginal fistula
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders	EXCLUDING: Hypogastric artery ligation

Physician Privileges

Page 2 of 3

		<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniocentesis or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cervical biopsy of contention of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm patient, normal antepartum and postpartum care, prepartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital defects, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incompete, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery -Cesarean -Anesthesia and analgesia: 1. Paracervical sedation IM & IV; 2. Local; 3. Epidural block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2006	11	<p>Reproductive Endocrinology Core Privileges</p> <p>Adapt, evaluate, diagnose, treat and provide important or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Genetic inheritance transfer (G.I.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, hyperproliferation -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubularization -Implantation -Intra-abdominal transfer of</p>	<p>EXCLUDING: Genetic inheritance transfer (G.I.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, hyperproliferation -Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

			gametes and oocytes - Culture and fertilization of oocytes	oocytes - Culture and fertilization of oocytes
Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary in treatment of female patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to -</p> <ul style="list-style-type: none"> Cystoscopy - Cystotomy/hysteroscopy - Collagen injection - Pubovaginal urethral suspension/sling - Perineal repair - Uterosacral colposuspension - Sacrocolpopexy - Sacrotuberous ligament suspension - Multichannel urodynastic testing 	EXCLUSION: Collagen injections, Perineal repair and Sacrocolpopexy

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 49611
Name: A. D.Privileges Effective Date:
6/10/2015 thru 6/9/2017Status:
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, ureters, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomy (inguinal, femoral, pelvic, para-aortic) -Microsurgery -Myomectomy flaps, skin grafting -Para aortic and pelvic lymph node dissection -Pelvic exenteration (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vaginectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy as include gestational trophoblastic disease -Uterine/vaginal isotope implants -Insertion of intra-cavity radiation application -Salpingo-oophorectomy -Ovarioectomy -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, procedures of small bowel, mucous fistula formations of small bowel, decortication, repair of fistulas, resection and reanastomosis of large bowel	
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adrenal surgery, including ovarian cystectomy, nephrectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic I&A -Diagnostic and operative laparoscopy (other than total abdominal hysterectomy) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic angiography -Hysterectomy, abdominal, vaginal, including	

Physician Privileges

Page 2 of 3

			<p> Papanosopic-Hysteroscopy, diagnostic or ablative excluding use of resection technique -M&O of Bartholin cyst or perineal abscess -M&O of pelvic abscess -Incidental appendectomy - Manipulation of Bartholin cyst -Metrinoplasty - Minor gynecological surgical procedures (cervical biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) - Metrinoplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, ectopic, cystic, or pelvic prolapse. Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterovaginal vaginal, transvaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple </p>
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p> Advise, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. Performance of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction - Application of internal fetal and uterine monitors - Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Conization -Cervical biopsy or destruction of cervix in pregnancy -Circumcision of newborn - External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, fetal intrauterine bleeding, intrauterine growth retardation, premature rupture of membranes, protracted labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild eclampsia, threatened abortion, normal preterm labor, normal delivery and postpartum care, postpartum complications, fetal deaths -Manual removal of placenta, uterine curettage - Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, angiodysplasia, cardiac disease, anemia and </p>

Physician Privileges

Page 3 of 3

			<p>hematopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after caesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystoscopy/cystostomy - Collagen injection - Perineovaginal anal sphincter/suspension - Perineovaginal repair - Uterosacral colposuspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
40360

Name

(M.D.)

Privileges Effective Date
7/6/2015 thru 7/6/2017Status
Active

Division Specialty	Privilege Number	Section Description	Privileges Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Concurrent biopsy, including correlative -Colposcopy -Cervixoplasty -Colposcopy -Cystoscopy as part of gynecological procedures -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative including use of resection techniques -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Maximization of Bartholin cyst -Metroplasty -Minor gynecological surgical procedures (condylar therapy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metroplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disorder: D&C with curettage, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, endometriosis, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Unilateral & Incisional Hernia Repair with another gynecologic procedure, Uterus-sacral vaginal, Uterovaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
*Obstetrics/Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Criteria: Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACGME/ACCA accredited training program in cardiothoracic surgery, general surgery including colorectal surgery, gynecology or urology, otolaryngology, bariatric surgery and/or appropriate surgical subspecialty. 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

		<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the FDA-mandated training course in the use of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 2. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 3. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>	
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to inpatient patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the above techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterotomy -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and stabilization) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-date, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, protracted labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multilobed deliveries -Pudendal and perineal blocks -Repair 4th degree perineal</p>

Physician Privileges

Page 3 of 3

			lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, rheumatoid arthritis, cardiac disease, toxemia and hemoglobinopathies, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Pudendal sedation IM & IV; 2. Local 3. Pudendal block; 4. Paracervical block	
Obstetrics & Gynecology APPROVED 2008	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: -Cystoscopy -Cystourethroscopy - Collagen injection -Perineal repair -Uterosacral suspension/lig -Perineal repair -Uterosacral suspension -Sacrocolpopexy -Sacrospinous ligament suspension -Multichannel urodynamics testing	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID
13243

Name

M. D.

Privileges Effective Date
8/10/2014 thru 8/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colporrhaphy -Colpocervix -Cystoscopy as part of gynecological procedure -Diagnosis and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, menorrhagia, endometriosis and adhesions -Endometrial ablation -Gynecologic imaging -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative including use of resection techniques -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Marsupialization of Bartholin cyst -Melioplasty -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Melioplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other tubal surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterus and vaginal, Uterovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vulvectomy, simple	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

		history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction - Application of internal fetal and uterine monitors - Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn - External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post- eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild anemia, threatened abortion, normal persistent pelvic, normal aspartate and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage - Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including breech, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations - Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, sepsis and hemoglobinopathies, thyroid disease, sexually transmitted disease, pelvic inflammatory disease, thromboembolic disorders, infectious diseases, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Perineal anesthesia IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block
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Physician Privileges

Physician Privileges

Physician ID	Name	Privileges Effective Date	Status	
40119	A. D.	6/10/2014 thru 6/30/2016	Active	
Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Adult, examine, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-gonorrheal treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the above techniques and skills. Performance of history and physical exam - Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy - Aspiration of breast masses - Cervical biopsy, including conization - Colposcopy - Colposcopy - Colposcopy - Colposcopy - Colposcopy as part of gynecological procedure - Diagnostic and therapeutic D&C - Diagnostic and operative Laparoscopy (other than tubal sterilization) - Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions - Endometrial ablation - Gynecologic sonography - Hysterectomy, abdominal, vaginal, including laparoscopic - Hysteroscopy, diagnostic or operative including use of resection techniques - I&D of Bartholin cyst or perineal abscess - I&D of pelvic abscess - Incisional appendectomy - Mutilation of Bartholin cyst - Metoplastic - Minor gynecological surgical procedures (condomectomy, dilation and curettage, treatment of Bartholin cyst and abscess) - Salpingectomy, Myomectomy, abdominal. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of urinary stricture (retrograde, vaginal approach, intrapubic urethral suspension, sling procedure). Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other infertility surgery (not microvascular). Unilateral & bilateral Hemia Repair with another gynecologic procedure. Uterovaginal fistula, rectovaginal fistula repair. Vulvar biopsy. Vulvectomy, simple.	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Adult, examine, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases	EXCLUDING: Hysterectomy, uterine artery ligation

Physician Privileges

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Antidystocia or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, tubal ligation -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patients, normal postpartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medications induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and umbilical deliveries -Pudendal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, nonketotic acidosis, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Perineal sedation IM & IV; 2. Local; 3. Pudendal Block; 4. Paracervical block</p>
Obstetrics/Gynecology APPROVED 2009	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide dependent or consultant consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Genetic Intrauterine Transfer (G.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of anovulation, amenorrhea, hyperprolactinemia -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal occlusion -Intra-abdominal transfer of</p>
			<p>EXCLUDING: Genetic Intrauterine Transfer (G.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of anovulation, amenorrhea, hyperprolactinemia, Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

03/17/2015 13:47

Physician Privileges

PAGE 06/06
Page 3 of 3

<p>*Obstetrics & Gynecology APPROVED 2009</p>	<p>9</p>	<p>Urogynecology Core Privileges</p>	<p>gametes and zygotes - Culture and fertilization of oocytes Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystotomy/cystostomy - Collagen injection - Perineal medical suspension/repair - Perineal repair - Uterine suspension - Sacrospinous ligament suspension - Multichannel anodyne testing</p>	<p>zygotes - Culture and fertilization of oocytes EXCLUDING: Collagen injection, Perineal repair and Sacrospinous</p>
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21 Submit

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

March 17, 2015 2:51:10 PM EDT

PERMIT CSID

DURATION
139

PAGES
6

STATUS
Received

03/17/2015 13:47

PAGE 01/06

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Please send to ER & one of us will take care of your patients. We are the only ones taking.

Sincerely,

MD

Office

MD

Phone: _____

[Redacted signature area]

07/14/2015 15:35

PAGE 02/02

07/14/2015 15:59

#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

MD

Phone: _____

_____, MD

MD

Phone: _____

Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT

RECEIVED FAX

DURATION
55

PAGES
1

STATUS
Received

04/13/2016 18:39 FAX

00001/0001

FAX to

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. . obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at in

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

Phone: _____

MD

MD

Phone: _____

Phone: _____



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

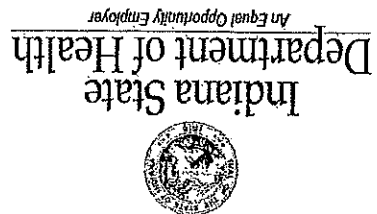
Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

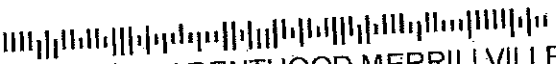
Dear Administrator:

BARBARA ANDERSON, ADMINISTRATOR
FRANCISCAN ST ANTHONY HEALTH - CROWN POINT
1201 S MAIN ST
CROWN POINT, IN 46307

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner





PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

06/10/2016 FRI 13:04 FAX

Physician Services

001/015

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
40139

Name

M. D.

Privileges Effective Date

6/10/2016 thru 6/9/2018

Status

Active

Division Speciality	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admin. evaluate, diagnose, treat, and provide coordination, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and disorders of the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adrenal surgery, including nephrectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic I&M -Diagnostic and operative Laparoscopy (other than tubal resection) -Hysteroscopy, for diagnosis and treatment of pelvic pain, pelvic masses, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysteroscopy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection technique -I&M of Bartholin cyst or perineal abscess -I&M of pelvic abscess -Incidental appendectomy -Mistreatment of Bartholin cyst -Mistreatment of Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Mistreatment, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, antitupic areolar suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, tubercle, cystic, or pelvic peritonitis, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, (hysterosal vaginal, Uterovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admin. evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases</p>	EXCLUDING: Nypogastro-intery ligation

Physician Privileges

Page 2 of 3

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam. -Anesthetics -Anesthetic infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cesarean -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn. -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Mediotomies to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging technology -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Perforation of breech and multibirth deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other conditions of pregnancy, such as hydatidiform mole, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Vagotomy and repair -Spontaneous vaginal delivery -Anesthesia and analgesia: 1. Paracervical block IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2008	11	Reproductive Endocrinology Core Privileges	<p>Adapt, evaluate, diagnose, treat and provide instruction or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Oocyte intracytoplasmic transfer (ICIT) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, hyperproliferation, hyperandrogenism, hyperproliferation -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal ligation -In vitro fertilization -Intra-abdominal transfer of</p>	<p>EXCLUDING: Ovarian stimulation (GIFT), Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hypothyroidism, hyperproliferation, hyperandrogenism, hyperproliferation -Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	gametes and oocytes - Culture and fertilization of oocytes Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary in current or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: -Cystoscopy -Cystotomy/cystostomy -Collagen injection -Pubovaginal urethral suspension/dia -Perineal repair - Uterine sacral colpopexy -Sacrosplasty -Scarsplasty ligament suspension - Multichannel urodynamic testing	oocytes - Culture and fertilization of oocytes EXCLUDING: Collagen injection, Perineal repair and Sacrosplasty
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June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID Name
49001

4.13.

Privileges Effective Date
4/10/2013 thru 6/30/2017Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the breast, urethra, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomy (lymphatic, thoracic, pelvic, para-aortic) -Microsurgery -Myocutaneous flaps, skin grafting -Hemorrhoid and pelvic lymph node dissection -Pelvic exenteration (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, breast, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vaginectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy as include gestational trophoblastic disease -Uterine/vaginal isotope implants -Insertion of intra-cavity radiation application -Salpingo-oophorectomy -Omentectomy -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resections and reconstruction of small bowel, procedures of small bowel, mucous fistula formation of small bowel, ileostomy, repair of fistulae, resection and reconstruction of large bowel</p>	
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cytoscopy as part of gynecological procedure -Diagnostic and therapeutic IUD -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic manography -Hysterectomy, abdominal, vaginal, including</p>	

Physician Privileges

Page 2 of 3

			<p>Laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection technique -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -</p> <p>Multiplication of Bartholin cyst -Metroplasty -</p> <p>Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -</p> <p>Metroplasty, Myomectomy, abdominal Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: I&C with coagulation, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for rectine bleeding (abnormal and dysfunctional), laparoscopic laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other infertility surgery (not microsurgical). Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterovaginal vaginal, Uterovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>	
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cordocentesis -Cervical biopsy or amniotomy of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Intubation of fetal monitoring -Low or mid forceps delivery, including rotation -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, postpartum, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Perineal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetic mellitus, renal disease, encephalopathy, cardiac disease, anemias and</p>	

Physician Privileges

Page 3 of 3

			<p>hematologic disorders, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges included but are not limited to: -Cystoscopy -Cystourethroscopy -Collagen injection -Painful sexual arousal suspension/sling -Perineoplasty repair -Uterosacral suspension -Sacroscolopexy -Scarsplasty -vaginal suspension -Multichannel myodynamic testing</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID Name Privileges Effective Date Status
 40360 JAM 13 7/6/2013 thru 7/9/2017 Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultations, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, resecting ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Concave biopsy, including corization -Colposcopy -Culdocentesis -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic oncology -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection technique -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Metastabilization of Bartholin cyst -Metroplasty -Minor gynecological surgical procedures (condylar biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metroplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropublic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with corization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, myomectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility; Repair of rectocele, enterocoele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Uterine atresia repair with another gynecologic procedure, Uterine cervical vaginal, Uterovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vaginal, simple	
*Obstetrics/Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Criteria: Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACGME/ACCA accredited training program in cardiothoracic surgery, general surgery including colon/rectal surgery, gynecology or urology, otolaryngology, bariatric surgery and/or appropriate surgical subspecialty. 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

			<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the IJSA-mandated training course in the use of the robotic surgical system which must include an on-site system training plus one day off site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. A additional proctor cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>	
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the above techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterotomy -Cervical biopsy or examination of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy including such conditions as pre-eclampsia, post-date, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm, preterm, normal asphyxia and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medications to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstructed diagnosis procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multilobal deliveries -Pudendal and perineal blocks -Repair 4th degree perineal</p>	

Physician Privileges

Page 3 of 3

			<p>lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious diseases, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VHAC) - Hysterotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Peracervical block</p>
Obstetrics & Gynecology APPROVED 2009	2	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/cystostomy - Collagen injection - Perineovaginal mesh suspension/sling - Perineovaginal repair - Uterosacral colposuspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID Name
13243

M. D.

Privileges Effective Date
2/10/2014 thru 2/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and diseases of the mammary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colpoplasty -Colporectomy -Cystoscopy as part of gynecological procedure -Magnetic Resonance Imaging (MRI) -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, leiomyosarcoma, endometriosis and adhesions -Endometrial ablation -Gynecologic ultrasonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative including use of resection techniques -LAP of Bartholin cyst or perineal abscess -LAP of pelvic abscess -Incidental appendectomy -Manipulation of Bartholin cyst -Metoplastic -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metoplastic, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment of benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not infertile), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterus/vaginal repair, Uterovaginal fistula, Vaginal/vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Gynecology APPROVED 2009	1	Gynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

		<p>History and physical exam - Anesthesia - Amnio-Infusion - Amniotomy or Oxytocin induction - Application of external fetal and maternal monitors - Augmentation and induction of labor by use of Oxytocin - Cesarean hysterectomy, tubal ligation - Cervical - Cervical biopsy or conization of cervix in pregnancy - Circumcision of newborn - External version of breech - Hypogastric artery ligation - Immediate care of the newborn (including resuscitation and stabilization) - Interpretation of fetal monitoring - Low or mid forceps delivery, including rotation - Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities - Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal puerperal period, normal antepartum and postpartum care, postpartum complications, fetal demise - Manual removal of placenta, uterine curettage - Medication to induce fetal lung maturity - Normal spontaneous vaginal delivery - Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques - Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) - Performance of breech and multifetal deliveries - Pudendal and perineural blocks - Repair 4th degree perineal lacerations or of cervical or vaginal lacerations - Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other medical conditions of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Paracervical notation IM & IV; 2. Local; 3. Pudendal block; 4. Perineural block</p>
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Physician Privileges

Physician Privileges

Physician ID
40139

Name

M. D.

Privileges Effective Date
6/10/2014 thru 6/30/16Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	1	Gynecology Core Privileges	<p>Adult, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the accessory glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the above techniques and skills. Performance of history and physical exam - Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy - Aspiration of trophoblastic masses - Cervical biopsy, including conization - Colposcopy - Colposcopy - Colposcopy - Cystoscopy as part of gynecological procedure - Diagnostic and therapeutic D&C - Diagnostic and operative Laparoscopy (other than tubal sterilization) - Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, homoperitoneum, endometriosis and adhesions - Endometrial ablation - Gynecologic sonography - Hysterectomy, abdominal, vaginal, including laparoscopic - Hysteroscopy, diagnostic or operative including use of resection techniques - I&D of Bartholin's cyst or perineal abscess - I&D of pelvic abscess - Intrauterine device - Manipulation of Bartholin's cyst - Metoplastic - Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) - Salpingectomy, Myomectomy, oophorectomy, Operation for treatment of early stage carcinoma of the vulva, vagina, cervix, uterus, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary tract incontinence; vaginal approach, subpubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microvascular), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterine artery ligation, Uterovaginal fistula, Vesicovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, Vaginoplasty</p>	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Adult, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases</p>	EXCLUDING: Hysteroscopic artery ligation

			<p>These are complicating factors in pregnancy. The core privileges in this specialty include the procedural listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Antenatal or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervical -Cervical biopsy or coagulation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patients, normal episiotomy and perineal care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries - Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, preeclampsia, cardiac disease, anesthetic and hemodynamic disorders, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious disease, septic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthetic and analgesic: 1. Parenteral sedation I & IV; 2. Local; 3. Pudendal Block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2009	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide treatment or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges included but are not limited to - Genetic intrafertilization transfer (G.I.F.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of anovulation, amenorrhea, hyperprolactinemia - Laparoscopic retrieval of oocytes - Ultrasound retrieval of oocytes - Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer - Microsurgical tubal reanastomosis and tubal sterilization - Intra-abdominal transfer of</p>	<p>EXCLUDING: Genetic intrafertilization (G.I.F.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of anovulation, amenorrhea, hyperprolactinemia, Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

			Genetics and cytogenetics - Culture and fertilization of oocytes	Cytogenetics - Culture and fertilization of oocytes
*Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/cystostomy - Collagen injection - Pelvic/vaginal medical suspension/repair - Paravaginal repair - Uterovaginal culposuspension - Sacrocolpopexy - Sacrospinous ligament suspension - Abdominal myomectomy	EXCLUDING: Collagen injection, Paravaginal repair and Sacrocolpopexy
		[X] Special		

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

March 17, 2015 2:51:10 PM EDT

PERMIT CSID

DURATION
139

PAGES
6

STATUS
Received

03/17/2015 13:47

PAGE 01/06

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

Please send to ER & one of us will
take care of your patients.
we are the only ones taking
BR call

MD

MD

Phone: _____

07/14/2015 15:35

PAGE 02/82

07/14/2015 15:59

#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

MD

Phone: _____

_____, MD

MD

Phone: _____

Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT

DEWITT CITY

DURATION
55

PAGES
1

STATUS
Received

04/13/2016 16:30 FAX

00001/0001

FAX to

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. . obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at (in

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

Phone: _____

MD

Phone: _____

MD

Phone: _____



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital is located; and
(2) each hospital located in a county that is contiguous to the county described in subsection (1);
where abortions are performed.

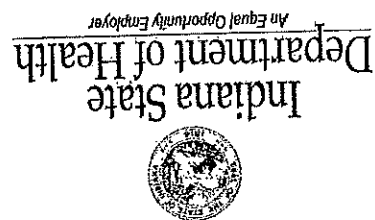
Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:


Dear Administrator:

TERRENCE KLEIN, ADMINISTRATOR
FRANCISCAN ST ELIZABETH HEALTH - CRAWFORDSVILLE
1710 LAFAETTE RD
CRAWFORDSVILLE, IN 47933

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner





PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

**MEDICAL STAFF MEMBERSHIP OR AFFILIATION
PRIMARY SOURCE VERIFICATION**

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: MD

is committed to the provision of quality care and is accredited by HFAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,
Medical Staff Services Department

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I

I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

. MD

June 1, 2016

MD
Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in _____, I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling _____
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of

It is my pleasure to notify you of your reappointment to the Medical Staff of
for two years. Your reappointment
has been approved through December 31, 2017.

Copies of your Delineation of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO

Indiana State
Department of Health
An Equal Opportunity Employer



Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

TERrance WILSON, ADMINISTRATOR
FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE EAST
1701 S CREEASY LN
LAFAYETTE, IN 47905

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the
admitting privileges described in subsection (a)(1) and a copy of
the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital
granting the admitting privileges described in subsection (a)
is located; and
(2) each hospital located in a county that is contiguous to the
county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: M.D.

is committed to the provision of quality care and is accredited by HAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,

Medical Staff Services Department

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I

admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason..

Sincerely,

MD

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in the event my services are needed under this agreement, contact me by calling. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient. In the event my services are needed under this agreement, contact me by calling. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of
it is my pleasure to notify you of your reappointment to the Medical Staff of
for two years. Your reappointment
has been approved through December 31, 2017.

Copies of your Delegation of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

BRENDA REETZ, ADMINISTRATOR
GREENE COUNTY GENERAL HOSPITAL
1185 N 1000 W
LINTON, IN 47441

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPOS
manager, medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

UPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **				
TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
December 8, 2015 11:04:07 AM EST	PPCG	221	8	Received
2015-12-08 11:00		YYYY		P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at

and

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

Planned Parenthood of Indiana

Dear Dr. [redacted] and Dr. [redacted]

I have admitting privileges at _____ I and _____
 If the covering GYN physician or the any physician of these hospitals is
 uncomfortable with any postabortal services patient from Planned Parenthood of
 Indiana (PPIN) needing admission, I will assume care of that patient, and will
 arrange patient admission and care for each patient needing my services according
 to each patient's need.

Forwards: For: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____ In addition, my cell number is _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling: _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the
admitting privileges described in subsection (a)(1) and a copy of
the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital
granting the admitting privileges described in subsection (a)
is located; and
(2) each hospital located in a county that is contiguous to the
county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-
4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

STEPHEN LONG, ADMINISTRATOR
HANCOCK REGIONAL HOSPITAL
801 N STATE ST
GREENFIELD, IN 46140

July 11, 2016

Indiana State
Department of Health
An Equal Opportunity Employer
Governor
Michael R. Pence
Jerome M. Adams, MD, MPH
State Health Commissioner

2 North Meridian Street • Indianapolis, IN 46204
317.233.1325 tdd 317.233.5577
www.statehealth.in.gov
To promote and provide
essential public health services.

CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0-2 Years
- 2-10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: '

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr.. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

KEVIN SPEER, ADMINISTRATOR
HENDRICKS REGIONAL HEALTH
1000 E MAIN ST
DANVILLE, IN 46122

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

_____ is in agreement that Dr. _____ : will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD _____

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

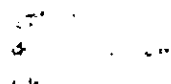
Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,



Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPI/K) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **				
TIME RECEIVED December 8, 2015 11:04:07 AM EST	REMOTE CSID PPCG	DURATION 221	PAGES 8	STATUS Received
2015-12-08 11:00		YYYY		P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at :

and :

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
If the covering GYN physician or the _____ of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the
admitting privileges described in subsection (a)(1) and a copy of
the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital
granting the admitting privileges described in subsection (a)
is located; and
(2) each hospital located in a county that is contiguous to the
county described in subdivision (1);
where abortions are performed.

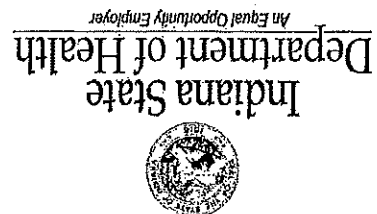
Enclosed are the documents regarding abortion clinics as required by HBA 1337, IC 16-34-2-
4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

DONALD CLAYTON, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL
5165 MCCARTY LN
LAFAYETTE, IN 47905

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: MD

is committed to the provision of quality care and is accredited by HAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,

Medical Staff Services Department

June 1, 2016

MD
Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I
admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in the event my services are needed under this agreement, contact me by calling admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of
it is my pleasure to notify you of your reappointment to the Medical Staff of
has been approved through December 31, 2017.
for two years. Your reappointment

Copies of your Delineation of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

BRADFORD DYKES, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH BEDFORD HOSPITAL
2900 W 16TH ST
BEDFORD, IN 47421

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at

and

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and
~~If the covering GYN physician or the way no names of these hospitals is~~
~~uncomfortable with any postabortal services patient from Planned Parenthood of~~
~~Indiana (PPIN) needing admission, I will assume care of that patient, and will~~
~~arrange patient admission and care for each patient needing my services according~~
~~to each patient's need.~~

Forwarded: Font: Century Schoolbook

Intra-operative complications:

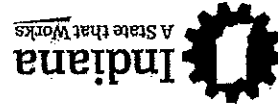
In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

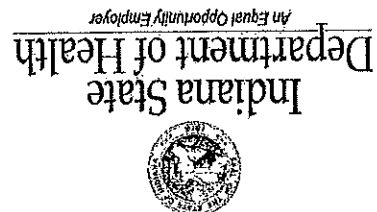
Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

MARK MOORE, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL
601 W SECOND ST
BLOOMINGTON, IN 47403

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
manager, medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and:

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

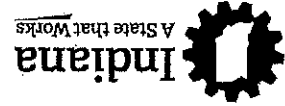
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
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where abortions are performed.

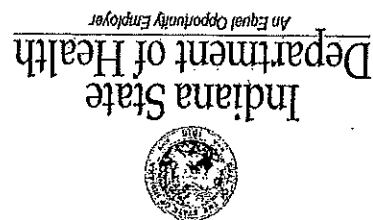
Enclosed are the documents regarding abortion clinics as required by HBA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

DANIEL EVANS, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH
1701 N SENATE BLVD
INDIANAPOLIS, IN 46202

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder

Division Director

Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

; MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

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MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

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In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

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MD

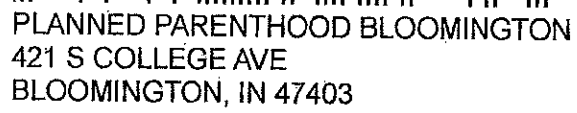
Date

7/7/2014

MD

Date

July 7, 2014



BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

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2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

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I have admitting privileges at

and

In

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In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
~~If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From; 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that: _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:

Fax:

Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____)

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

..... MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at and
..... I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
..... I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

.....
MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

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I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Services

|||||
WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: (_____)_____
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear _____:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the
admitting privileges described in subsection (a)(1) and a copy of
the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital
granting the admitting privileges described in subsection (a)
is located; and
(2) each hospital located in a county that is contiguous to the
county described in subdivision (1);
where abortions are performed.

4.5(d) which became effective July 1, 2016 to wit:
Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-

Dear Administrator:

JON GOBLE, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH NORTH HOSPITAL
11700 N MERIDIAN ST
CARMEL, IN 46032

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

Indiana State
Department of Health
An Equal Opportunity Employer



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

Facility:
Staff Appointment Date: From: 09/24/1981 - Present
Staff Status: Active
Department/Section:
Specialty:

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic; surgical and other medical procedures; medical management and consultation in pain management and critical care medicine; direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0-2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

+ MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient..

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

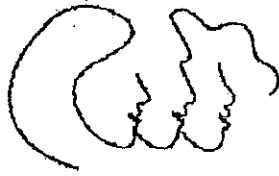
3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

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With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD _____

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

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CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that , M.D., does have admitting privileges at : He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: \
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: \
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. , currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: \
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____)

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

..... MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at and
....., or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

.....
MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

_____, Director
Medical Staff Affairs

Office: f:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear :

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

DOUG PUCKETT, ADMINISTRATOR
IU HEALTH WEST HOSPITAL
1111 N RONALD REAGAN PKWY
AVON, IN 46123

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 -2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD

3-1-14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

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CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

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In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date 7/7/2014

MD

Date July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for
reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date
of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

..... MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at and
..... I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
..... I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

*** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ***

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient
admission and care for each patient needing my services according to each patient's
need.

In the event my services are needed under this agreement, contact me by calling my
office at _____. In addition, I have provided you with my cell phone and
pager numbers. Please provide the patient's name, reason for referral, current
medical condition and means of transport. A copy of all available patient records
should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this
agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2018

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

... is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **				
TIME RECEIVED December 8, 2015 11:04:07 AM EST	REMOTE CSID PPCG	DURATION 221	PAGES 8	STATUS Received
2015-12-08 11:00		YYYY		P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at _____ and _____ in _____
If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____

I and _____

~~If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formulated: Fort Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JEFFREY ZEH, ADMINISTRATOR
INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL
720 SOUTH SIXTH ST
MONTICELLO, IN 47960

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



2 North Meridian Street • Indianapolis, IN 46204
317.233.1325 tdd 317.233.5577
www.statehealth.in.gov

To promote and provide
essential public health services.

PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: MD

is committed to the provision of quality care and is accredited by HFAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,
Medical Staff Services Department

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in _____ I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in
admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center. I will arrange patient

In the event my services are needed under this agreement, contact me by calling
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of

It is my pleasure to notify you of your reappointment to the Medical Staff of
for two years. Your reappointment
has been approved through December 31, 2017.

Copies of your Delineation of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital is granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HBA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

LARRY HEYDON, ADMINISTRATOR
JOHNSON MEMORIAL HOSPITAL
1125 W JEFFERSON ST
FRANKLIN, IN 46131

July 11, 2016



Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

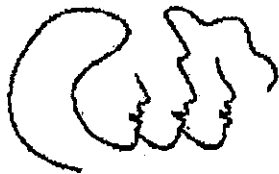
If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
 - The application of specific methods of respiratory therapy.
 - The clinical management of the patient unconscious from whatever cause.
 - The clinical management of various fluid, electrolyte and metabolic disturbances.
 - The management of acute pain by special techniques (e.g., nerve blocks, epidural or intrathecal opioids)
 - The management of problems in cardiac and respiratory resuscitation.
 - The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
 - The support of life functions under the stress of anesthetic and surgical manipulations.
 - Epidural and subarachnoid injections
 - Peripheral nerve blocks
 - > 10 Years
 - 0-2 Years
 - 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

**** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY ****

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at _____ and _____ in _____.
If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
~~If the covering GYN physician or the GYN at _____ if these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____ In addition, my cell number is _____

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

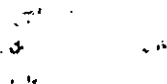
Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,



Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:

Fax:

Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in the
OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is
02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The iProfile instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or (_____)

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and .
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____. I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

. MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

Re: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

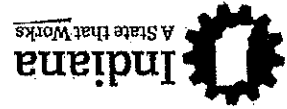
Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,


(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

JOHN HORNBER, ADMINISTRATOR
MAJOR HOSPITAL
150 W WASHINGTON ST
SHELBYVILLE, IN 46176

July 11, 2016

Indiana State
Department of Health
An Equal Opportunity Employer

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health
RE: _____, MD

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

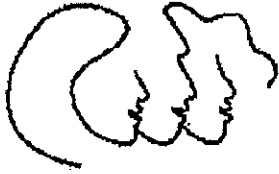
Staff Appointment Date: From: 09/24/1981 - Present
Staff Status: Active
Department/Section:
Specialty:

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
 - The application of specific methods of respiratory therapy.
 - The clinical management of the patient unconscious from whatever cause.
 - The clinical management of various fluid, electrolyte and metabolic disturbances.
 - The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
 - The management of problems in cardiac and respiratory resuscitation.
 - The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
 - The support of life functions under the stress of anesthetic and surgical manipulations.
 - Epidural and subarachnoid injections
 - Peripheral nerve blocks
 - > 10 Years
 - 0 - 2 Years
 - 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3.1.14
Date

MD

March 1, 2014
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____
I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and . . .
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . . .
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient
admission and care for each patient needing my services according to each patient's
need.

In the event my services are needed under this agreement, contact me by calling my
office at _____. In addition, I have provided you with my cell phone and
pager numbers. Please provide the patient's name, reason for referral, current
medical condition and means of transport. A copy of all available patient records
should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this
agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

PHILLIP LOWE, ADMINISTRATOR
MONROE HOSPITAL
4011 S MONROE MEDICAL PARK BLVD
BLOOMINGTON, IN 47403

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1988 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards;

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and:

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in County, Indiana

Dear Dr. and Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at I and
~~If the covering GYN physician of the any hospital of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Forwarded: Fort: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office a In addition, my cell number is .
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, ,



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JANE KELLER, ADMINISTRATOR
ORTHOINDY HOSPITAL
8400 NORTHWEST BLVD
INDIANAPOLIS, IN 46278

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

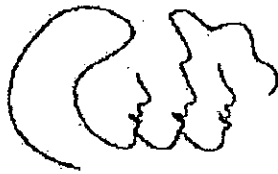
3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date 7/7/2014

MD

Date July 7, 2014

PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

December 8, 2015 11:04:07 AM EST

REMOTE CSID

PPCG

DURATION

221

PAGES

8

STATUS

Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at I

and:

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
~~If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health
RE: '

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax: _____
Email: _____

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____)

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and . . .
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . . .
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service



WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient
admission and care for each patient needing my services according to each patient's
need.

In the event my services are needed under this agreement, contact me by calling my
office at _____. In addition, I have provided you with my cell phone and
pager numbers. Please provide the patient's name, reason for referral, current
medical condition and means of transport. A copy of all available patient records
should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this
agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2018

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

HAROON NAZ, ADMINISTRATOR
PINNACLE HOSPITAL
9301 CONNECTICUT DR
CROWN POINT, IN 46307

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



|||||
PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 2 of 3

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal prepregnant patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multiple deliveries -Perineal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital heart disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Hysterotomy and repair -Spontaneous vaginal delivery -Cesarean -Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Epidural block; 4. Paracervical block</p>	
Obstetrics & Gynecology APPROVED 2008	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide important or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to - Genetic karyotyping transfer (G.K.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of polycystic ovary syndrome, amenorrhea, hyperproliferation - Laparoscopic retrieval of oocytes - Ultrasound retrieval of oocytes - Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer - Microsurgical tubal reanastomosis and tubal anastomosis - Intra-abdominal transfer of</p>	<p>EXCLUSION: Genetic karyotyping (G.K.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of polycystic ovary syndrome, amenorrhea, hyperproliferation - Laparoscopic retrieval of oocytes - Ultrasound retrieval of oocytes - Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

			Gametes and zygotes - Culture and fertilization of oocytes	Zygotes - Culture and fertilization of oocytes
Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary in connection with female patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to -</p> <p>Cystoscopy - Cystotomy/cystostomy - Collagen Injection - Pubovaginal urethral suspension/sling - Perineal repair - Uterine sacral colpopexy - Sacrocolpopexy - Sacrospinous ligament suspension - Ambulatory urodynamics testing</p>	<p>EXCLUSION: Collagen Injection, Perineal repair and Sacrocolpopexy</p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the [redacted] is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 49600
Name: A. D.Privileges Effective Date:
6/10/2016 thru 6/30/2017Status:
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinoma of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomy (inguinal, iliofemoral, pelvic, para-aortic) -Microsurgery -Myomectomy (hysteroscopic, laparoscopic, open) -Paraaortic and pelvic lymph node dissection -Pelvic exenteration (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vulvectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy as include gestational trophoblastic disease -Uterine/vaginal intrauterine implants -Insertion of intracavity radiation application -Salpingo-oophorectomy -Ovariolectomy -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, procedures of small bowel, mucosa fistula resections of small bowel, ileostomy, repair of fistulas, resection and reanastomosis of large bowel	
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the perineovaginal system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal ligation) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic manography -Hysterectomy, abdominal, vaginal, including	

Physician Privileges

Page 2 of 3

			<p> Papanoscopy - Hysteroscopy, diagnostic or ablative excluding use of resection techniques - I&D of Bartholin cyst or perineal abscess - I&D of pelvic abscess - Incidental appendectomy - Manipulation of Bartholin cyst - Metriplexy - Minor gynecological surgical procedures (condomectomy biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) - Metriplexy, Myomectomy, abdominal, Operation for treatment of early stage carcinomas of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retrograde urethral suspension, sling procedure, Operations for treatment of benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse; Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterovaginal, Uterovaginal fistula repair, Vaginal surgery, Vaginal, simple </p>
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Care Privileges	<p> Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cordage -Cervical biopsy or dilation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and stabilization) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, postpartum, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities. -Management of patient with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal prepartum, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine involution -Moderate to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Perineal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, angiodysplasia, cordless disease, anomalies and </p>

Physician Privileges

Page 3 of 3

			hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthetics and analgesic: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block	
Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Care Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to -Cystoscopy -Cystostomy/cystostomy -Collagen injection -Perineal surgical suspension/sling -Perineal repair -Uterosacral culposuspension -Sacroscolopexy -Sacrosplenic ligament suspension -Multichannel urodynamics testing	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID Name Privileges Effective Date Status
 40360 J M D. 7/6/2013 thru 7/6/2017 Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adrenal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Culdocentesis -Colpocentesis -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometritis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysterectomy, diagnostic or ablative excluding use of resection techniques -L&L of Bartholin's cyst or perineal abscess -L&L of pelvic abscess -Incisional appendectomy -Mastopexy -Mastopexy of Bartholin's cyst -Metopexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Metopexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, cervix, uterus, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operation for treatment for benign pelvic disease; D&C with contraction, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, myomectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocoele, cystocele, or pelvic prolapse; Tuboplasty and other infertility surgery (not microsurgical) Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula, Vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Obstetrics & Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Console Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACGME/ACOA accredited training program in cardiothoracic surgery, general surgery including colon/rectal surgery, gynecology or urology, otolaryngology, bariatric surgery and/or appropriate surgical subspecialty. 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

			<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the FDA-mandated training course in the use of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Anesthetics or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterectomy -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, protracted labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal prepartal period, normal postpartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medications to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstructed diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Palatal and periorbital blocks -Repair 4th degree perineal</p>

Physician Privileges

Page 3 of 3

			<p>lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hematologic disorders, thyroid disease, secondary transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesic: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: Cystoscopy - Cystostomy/cystostomy - Collagen injection - Pubovaginal urethral suspension/tilting - Paravaginal repair - Uterosacral ligament suspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID
13243

Name

M. D.

Privileges Effective Date
2/10/2014 thru 2/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to control or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colpoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Magnetic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, leiomyosarcoma, endometriosis and adhesions -Endometrial ablation -Gynecologic imaging -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative including use of resection techniques -L&I of Bartholin cyst or perineal abscess -L&I of pelvic abscess -Incidental appendectomy -Manipulation of Bartholin cyst -Metroplasty -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Morphoplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic, urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, myomectomy, myomectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterus/vaginal repair, Microvaginal flaps, Vaginal/vaginal flaps, rectovaginal flaps repair, Vulvar biopsy, Vulvectomy, simple	
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

		<p>history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and stabilization) -Interpretation of fetal monitoring -Low or high forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, placental rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal puerperal period, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and perineural blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other conditions of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Paracervical pudendal I & IV; 2. Local; 3. Pudendal block; 4. Perineural block</p>
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Physician Privileges

Physician Privileges

Physician ID
40139

Name

M.D.

Privileges Effective Date
6/10/2014 thru 6/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Gynecology & Gynecology APPROVED 2009	1	Gynecology Core Privileges	Adult, evaluate, diagnosis, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the reproductive glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills: -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of broad masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic radiography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or operative including use of resection techniques -I&D of Bartholin's cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Mastopexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Metastectomy, Myomectomy, abdominal. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of urinary stress incontinence vaginal approach. uterine prolapse, vaginal approach, sling procedure. Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other infertility surgery (not microsurgical). Umbilical & Incisional Hernia Repair with another gynecologic procedure. Microsurgical vaginal, Microsurgical repair, Vaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vulvectomy, clitoral	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Microvagina fistula
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Adult, evaluate, diagnosis, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases	EXCLUDING: Hysterectomy, uterine ligation

Physician Privileges

			<p>that are complicating factors in pregnancy.</p> <p>The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Arthroscopy or Oxytocin infusion -Application of internal fetal and uterine monitors -Anesthesia and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervical biopsy or coagulation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Intensive care of the newborn (including resuscitation and intubation) -Intrapartum fetal monitoring -Low or mid forceps delivery, including rotational -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal placental previa, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other related imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and umbilical deliveries -Pedicular and pericervical blocks -Repair 4th degree perineal lacerations or of clitoral or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemia and hemoglobinopathy, thyroid disease, sexually transmitted disease, pulmonary disease, thrombocytopenia disorder, infectious disease, ectopic pregnancy and other incidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthetic and analgesic: 1. Perineal sedation IM & IV; 2. Local; 3. Epidural block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2809	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide prepartum or postpartum consultations to patients of all ages except as specifically excluded from practice with problems of fertility.</p> <p>Privileges include but are not limited to -</p> <p>Gonadotropin releasing hormone (G.R.H.) -</p> <p>Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of anovulation, amenorrhea, hypoprolactinemia -</p> <p>Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer -Microsurgical tubal reconstruction and tubal anastomosis -Intra-abdominal transfer of</p>	<p>EXCLUDING: Genetic karyotyping (O.I.F.T.) -</p> <p>Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of anovulation, amenorrhea, hypoprolactinemia, Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

*Obstetrical Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>gonorrhea and syphilis - Culture and fertilization of oocytes</p> <p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to:-</p> <ul style="list-style-type: none"> Cystoscopy - Cystotomy/cystostomy - Collagen injection - Perineovaginal medical suspension/sling - Para-vaginal repair - Uterosacral colposuspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamics testing 	<p>cytogenetics - Culture and fertilization of oocytes</p> <p>EXCLUDING: Collagen injection, Para-vaginal repair and Sacrocolpopexy</p>
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Submit

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
March 17, 2015 2:51:10 PM EDT
03/17/2015 13:47

PERMIT CSTD

DURATION
139

PAGES
6

STATUS
Received

PAGE 01/06

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

*Please Send to ER & one of us will
Sincerely, take care of your patients.
We are the only ones taking
Dr. Callio*

MD

MD

Office
Phone: _____

07/14/2015 15:35

PAGE 02/02

07/14/2015 15:59

#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

MD

Phone: _____

_____, MD

MD

Phone: _____

Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT

DETAILED FAX

DURATION
55

PAGES
1

STATUS
Received

04/13/2016 16:30 FAX

00001/0001

FAX to

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. . obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at in

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

Phone: _____

MD

MD

Phone: _____

Phone: _____



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

DENNIS WEATHERFORD, ADMINISTRATOR
PUTNAM COUNTY HOSPITAL
1542 S BLOOMINGTON ST
GREENCASTLE, IN 46135

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPOS
Manager, Medical Staff Services

June 3, 2014

DO

RE:

Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards;

CPCS

Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **				
TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
December 8, 2015 11:04:07 AM EST	PPCG	221	8	Received
2015-12-08 11:00		YYYY		P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and:

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 18 2011

Planned Parenthood of Indiana

RE: Backup Agreement in County, Indiana

Dear Dr. and Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at I and
If the covering GYN physician or the way at ~~either~~ of these hospitals is
uncomfortable with any postabortal services patient from Planned Parenthood of
Indiana (PPIN) needing admission, I will assume care of that patient, and will
arrange patient admission and care for each patient needing my services according
to each patient's need.

Formbook: Fort Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at In addition, my cell number is
Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling Please provide the
patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

SETH WARREN, ADMINISTRATOR
RIVERVIEW HEALTH
395 WESTFIELD RD
NOBLESVILLE, IN 46060

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

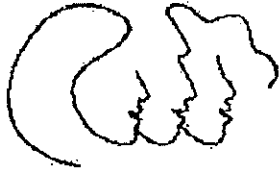
If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
 - The application of specific methods of respiratory therapy.
 - The clinical management of the patient unconscious from whatever cause.
 - The clinical management of various fluid, electrolyte and metabolic disturbances.
 - The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
 - The management of problems in cardiac and respiratory resuscitation.
 - The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
 - The support of life functions under the stress of anesthetic and surgical manipulations.
 - Epidural and subarachnoid injections
 - Peripheral nerve blocks
 - > 10 Years
 - 0 - 2 Years
 - 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD _____

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
_____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

_____, MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____.
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: F
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear :

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

WARREN FORGEY, ADMINISTRATOR
SCHNECK MEDICAL CENTER
411 W TIPTON ST
SEYMOUR, IN 47274

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPOS
manager, medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **				
TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
December 8, 2015 11:04:07 AM EST	PPCG	221	8	Received
2015-12-08 11:00		YYYY		P 1/8

December 8, 2015

MD
Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

ind In
If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____

I and _____

~~If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formatted: Font: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____ In addition, my cell number is _____

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____ Please provide the

patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JAMES CALLAGHAN III, ADMINISTRATOR
FRANCISCAN ST FRANCIS HEALTH - CARMEL
12188 B NORTH MERIDIAN STREET
CARMEL, IN 46032

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: MD

Dear Sir/Madam:

Our facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

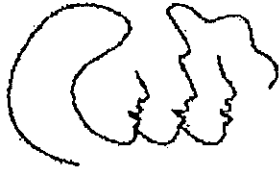
If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
 - The application of specific methods of respiratory therapy.
 - The clinical management of the patient unconscious from whatever cause.
 - The clinical management of various fluid, electrolyte and metabolic disturbances.
 - The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
 - The management of problems in cardiac and respiratory resuscitation.
 - The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
 - The support of life functions under the stress of anesthetic and surgical manipulations.
 - Epidural and subarachnoid injections
 - Peripheral nerve blocks
 - > 10 Years
 - 0 - 2 Years
 - 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3-1-14

Date

3-1-14

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

_____ MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

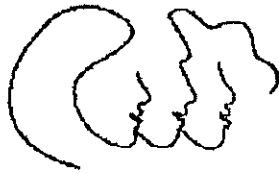
3-1-14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to: _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date 7/7/2014

MD

Date July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: :

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____)

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

..... MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

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patient needing immediate care should be evaluated at the closest emergency care center.

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MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

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Indianapolis, IN 46268

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June 9, 2014

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I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

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Mr. Snyder,

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If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /-
Fax:
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Sent: Friday, June 10, 2016 12:33 PM
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The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

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I agree to provide you thirty (30) days notice if I need to modify or cancel this
agreement for any reason.

Sincerely,

MD.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

MICHAEL CHITTENDEN, ADMINISTRATOR
ST VINCENT CARMEL HOSPITAL INC
13500 N MERIDIAN ST
CARMEL, IN 46032

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: _____, MD

Dear Sir/Madam:

_____ facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

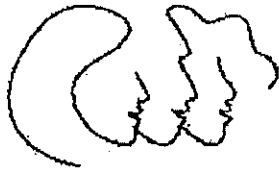
If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.
 - The application of specific methods of respiratory therapy.
 - The clinical management of the patient unconscious from whatever cause.
 - The clinical management of various fluid, electrolyte and metabolic disturbances.
 - The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
 - The management of problems in cardiac and respiratory resuscitation.
 - The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
 - The support of life functions under the stress of anesthetic and surgical manipulations.
 - Epidural and subarachnoid injections
 - Peripheral nerve blocks
 - > 10 Years
 - 0 - 2 Years
 - 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women,

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

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In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

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Date

MD

March 1, 2014

Date



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MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

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facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

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Staff Appointment Date: From: 04/06/2004 - Present

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Chief Executive Officer

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President and CEO

Medical Staff Service

WOMEN'S MED GROUP
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INDIANAPOLIS, IN 46219

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Director
Medical Staff Affairs

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February 17, 2014

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1401 N. Arlington Ave
Indianapolis, IN 46219

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M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear _____,

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

GARY FAMMARTINO, ADMINISTRATOR
ST VINCENT FISHERS HOSPITAL INC
13861 OLIO ROAD
FISHERS, IN 46037

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

Facility:
Staff Appointment Date: From: 09/24/1981 - Present
Staff Status: Active
Department/Section:
Specialty:

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

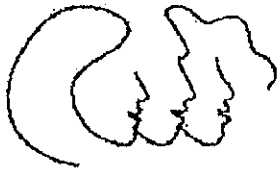
- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 -2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

:MD _____

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

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Date

3-1-14

MD

Date

March 1, 2014



Clinic for Women

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March 1, 2014



Clinic for Women

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In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____)

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
_____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

..... MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at and
..... I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

.....
MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

..... Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear _____,

It is my pleasure to inform you that the Board of Trustees of _____
_____ has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the
admitting privileges described in subsection (a)(1) and a copy of
the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital
granting the admitting privileges described in subsection (a)
is located; and
(2) each hospital located in a county that is contiguous to the
county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-
4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

BLAKE DYE, ADMINISTRATOR
ST VINCENT HEART CENTER OF INDIANA LLC
10580 N MERIDIAN ST
INDIANAPOLIS, IN 46290

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

Facility:

Staff Status: Active

Specialty:

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
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- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
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- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

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This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

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Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3-1-14
Date

3-1-14
Date



Clinic for Women

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In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD MD

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

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MD

Date

March 1, 2014



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In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

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In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date 7/7/2014

MD

Date July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: (

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

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To: Snyder, Randall
Subject: RE: Privilege Verification

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Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
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Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____)

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and .
_____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient
admission and care for each patient needing my services according to each patient's
need.

In the event my services are needed under this agreement, contact me by calling my
office at _____. In addition, I have provided you with my cell phone and
pager numbers. Please provide the patient's name, reason for referral, current
medical condition and means of transport. A copy of all available patient records
should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this
agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.


Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____
or
Medical Staff members (physicians and dentists): If you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment


PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

MEDICAL STAFF MEMBERSHIP OR AFFILIATION PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: **MD**

is committed to the provision of quality care and is accredited by HFAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/25/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,
Medical Staff Services Department

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in _____ I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in . . . I will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of
It is my pleasure to notify you of your reappointment to the Medical Staff of
for two years. Your reappointment
has been approved through December 31, 2017.

Copies of your Delineation of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the
admitting privileges described in subsection (a)(1) and a copy of
the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital
granting the admitting privileges described in subsection (a)
is located; and
(2) each hospital located in a county that is contiguous to the
county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-
4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

JO ANN BIRDZELL, ADMINISTRATOR
ST CATHERINE HOSPITAL INC
4321 FIR ST
EAST CHICAGO, IN 46312

July 11, 2016

Indiana State
Department of Health
An Equal Opportunity Employer



Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

06/10/2016 PM 15:04 FAX

Physician Services

0001/013

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the
compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners
are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file,
there are no disciplinary actions related to quality of care, no restrictions or denial of
privileges, and we are aware of no health problems. Therefore, we can state with
confidence that we know of nothing that would preclude recommending this
practitioner to any organization.

DEPARTMENT:
SPECIALTY:
CATEGORY:

Obstetrics/Gynecology
Obstetrics & Gynecology
Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Phyllocolpa 111

41. 42.

Private & Effective Date
6/10/2016 thru 6/9/2018

SALES
MARKS

[illegible]

Physician Privileges

[illegible]

<p>gynecology and gynecology - Culture and fertilization of oocytes</p>	<p>gynecology and gynecology - Culture and fertilization of oocytes</p>	<p>gynecology and gynecology - Culture and fertilization of oocytes</p>	<p>gynecology and gynecology - Culture and fertilization of oocytes</p>
---	---	---	---

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the
compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners
are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file,
there are no disciplinary actions related to quality of care, no restrictions or denial of
privileges, and we are aware of no health problems. Therefore, we can state with
confidence that we know of nothing that would preclude recommending this
practitioner to any organization.

DEPARTMENT:
SPECIALTY:
CATEGORY:
INITIAL APPOINTMENT: 08/06/1979 - Present
Active
Obstetrics & Gynecology
Obstetrics/Gynecology

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Withings Relative Date
 4/10/2015 10:04 AM
 Active

[illegible]

[illegible]

Physician Privileges

[illegible]

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RF: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the :
compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners
are elevated through established criteria-based monitoring activities.
The above named practitioner is a member of our Medical Staff. Based on their file,
there are no disciplinary actions related to quality of care, no restrictions or denial of
privileges, and we are aware of no health problems. Therefore, we can state with
confidence that we know of nothing that would preclude recommending this
practitioner to any organization.

DEPARTMENT: OBSTETRIC/GYNECOLOGY
SPECIALTY: OBSTETRICS & GYNECOLOGY
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Timson
Medical Staff

Physician Privileges

Physician ID	Name
1	Dr. [Name]
2	Dr. [Name]
3	Dr. [Name]
4	Dr. [Name]
5	Dr. [Name]
6	Dr. [Name]
7	Dr. [Name]
8	Dr. [Name]
9	Dr. [Name]
10	Dr. [Name]
11	Dr. [Name]
12	Dr. [Name]
13	Dr. [Name]
14	Dr. [Name]
15	Dr. [Name]
16	Dr. [Name]
17	Dr. [Name]
18	Dr. [Name]
19	Dr. [Name]
20	Dr. [Name]
21	Dr. [Name]
22	Dr. [Name]
23	Dr. [Name]
24	Dr. [Name]
25	Dr. [Name]
26	Dr. [Name]
27	Dr. [Name]
28	Dr. [Name]
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99	Dr. [Name]
100	Dr. [Name]

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STABILITY OF KINETIC DATA

2102/542 "W" 5102/912

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[illegible]

[illegible]

Physician Privileges

[illegible]

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Physician ID: 13243 Name: M.D. Privileges Effective Date: 2/10/2014 thru 2/9/2016 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics (Cesarean Privileges)	<p>Admit, evaluate, diagnose, treat and provide obstetric care to patients with obstetric complications. This includes but is not limited to: normal vaginal delivery, cesarean section, breech delivery, twin delivery, multiple gestation, placenta previa, preeclampsia, gestational diabetes, and other obstetric complications. The care provided is in accordance with the standards of the American College of Obstetrics and Gynecology (ACOG) and the American Medical Association (AMA).</p>	
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide gynecologic care to patients with gynecologic conditions. This includes but is not limited to: abnormal Pap smears, abnormal uterine bleeding, pelvic pain, ovarian cysts, endometriosis, uterine fibroids, and other gynecologic conditions. The care provided is in accordance with the standards of the American College of Obstetrics and Gynecology (ACOG) and the American Medical Association (AMA).</p>	

[illegible]

Physician Privileges

Physician ID	Name	M.D.	Physician's Effective Date	Active
40119			6/10/2014 thru 6/9/2015	

Division Specialty	Physician's Signature	Section Description	Physician Description	Notes
Gynecologic Oncology APPROVED 2009	3	Gynecologic Core Privileges	EXCLUDING: Vaginal hysterectomy, including laparoscopy and robotic assistance.	
Gynecologic Oncology APPROVED 2009	1	Obstetric Core Privileges	EXCLUDING: Hysterectomy	

[illegible]

<p>APPROVED 2009 Obstetrics/Gynecology</p>	<p>9</p>	<p>Urogynecology Core Privileges</p>	<p>Admits, evaluates, diagnoses, treats and provides consultation, pre-, intra-, and post-operative care necessary to restore or treat female patients of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/Cystostomy - Collagen injection - Robotic and medical suspension/levelling - Transvaginal repair - Uterine and/or hysterectomy - Ovariohysterectomy - Conservative ligament suspension - Vulvar and perineal plastic surgery</p>	<p>EXCLUDING: Collagen injection, transvaginal repair and hysterectomy</p>
			<p>Reproductive and gynecologic - Culture and fertilization of oocytes</p>	<p>Reproductive Culture and Fertilization of oocytes</p>

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **
 TIME RECEIVED
 MARCH 17, 2015 2:51:10 PM EDT
 03/17/2015 13:47
 PRIORITY CSID
 DURATION 139
 PAGES 6
 STATUS RECEIVED
 PAGE 01/06

TO MRS

March 13, 2015

MD
 Planned Parenthood of Indiana and Kentucky
 8645 Connecticut Street
 Merrillville, IN 46410
 RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at [redacted] in [redacted]. We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

Please send to ER - one of us will take care of your patients. We are not going to ER - one of us will take care of your patients.

MD

Phone:

[Redacted signature and contact information]

07/14/2015 15:35

FROM: PLANNED PARENTHOOD OF INDIANA

PAGE 02/02

#104 P.002/002

07/14/2015 15:59

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in _____ We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

Phone: _____
MD

MD

Phone: _____
MD

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **
 STATUS Received
 PAGES 1
 DURATION 55
 TIME RECEIVED APR 13, 2016 4:27:44 PM EDT
 04/13/2016 18:30 FAX
 00001/0001

FAX 40

MD
 Planned Parenthood of Indiana and Kentucky
 8645 Connecticut Street
 Merrillville, IN 46410
 RE: Backup Agreement

April 13, 2016

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in _____ We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD _____ Phone: _____
 MD _____ Phone: _____
 MD _____ Phone: _____



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JAMES CALLAGHAN III, ADMINISTRATOR
FRANCISCAN ST FRANCIS HEALTH - INDIANAPOLIS
8111 S EMERSON AVE
INDIANAPOLIS, IN 46237

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

- (d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
 - (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/

Randall Snyder, PT, MBA
Division Director
Acute Care





CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3-1-14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3-1-14

+ NO

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date 7/7/2014

MD

Date July 7, 2014

PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
manager, medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr. B:

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

December 8, 2015 11:04:07 AM EST

REMOTE CSID

PPCG

DURATION

221

PAGES

8

STATUS

Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at I

and:

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is (. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
~~If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Foristat: Fort Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____ In addition, my cell number is _____

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling: _____ Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____, M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

..... MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at and
....., or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
..... I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and . . .
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at . . .
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service



WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: F
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear :

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at the OB/GYN Service. You have been reappointed to the Active category. _____ in

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The access instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or _____.

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

JAMES CALLAGHAN III, ADMINISTRATOR
FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE
1201 HADLEY RD
MOORESVILLE, IN 46158

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

Facility:
Staff Appointment Date: From: 09/24/1981 - Present
Staff Status: Active
Department/Section:
Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3-1-14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred via ambulance to the Emergency department.

MD _____

Date 3.1.14

NO

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD J

3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date 3.1.14

MD _____

Date March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: '

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____
I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

_____, MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. . .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at . . . and
. . . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for **11/01/2015 to 11/01/2017** as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. --

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and _____.

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear:

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the
admitting privileges described in subsection (a)(1) and a copy of
the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital
granting the admitting privileges described in subsection (a)
is located; and
(2) each hospital located in a county that is contiguous to the
county described in subdivision (1);
where abortions are performed.

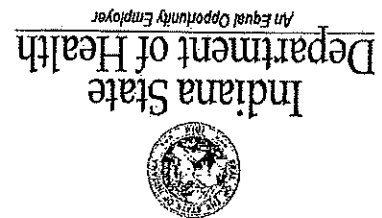
Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-
4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

TERANCE WILSON, ADMINISTRATOR
FRANCISCAN HEALTHCARE RENSSLAER
1104 E GRACE ST
RENSSELAER, IN 47978

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

06/10/2016 FRI 15:04 FAX

Physician Services

001/013

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

06/10/2016 FRI 15:04 FAX :

Physician Services

0002/015

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID Name
40139

M. D.

Privileges Effective Date
6/10/2016 thru 6/9/2018

Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat, and provide coordination, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. Performance of history and physical exam - Adipex surgery, including ovarian cystectomy, oophorectomy, salpingo-oophorectomy, and conservative procedures for treatment of ectopic pregnancy - Aspiration of breast masses - Cervical biopsy, including conization - Colposcopy - Colposcopy - Colposcopy - Cystoscopy as part of gynecological procedure - Diagnostic and therapeutic D&K - Diagnostic and operative Laparoscopy (other than tubal sterilization) - Laparoscopic hysterectomy, for diagnosis and treatment of pelvic pain, pelvic masses, leiomyosarcoma, endometriosis and adhesions - Endometrial ablation - Cryocautery - Photocoagulation - Hysterectomy, abdominal, vaginal, including laparoscopic - Hysterectomy, diagnostic or ablative excluding use of resection technique - D&K of Bartholin's cyst or perineal abscess - D&K of pelvic abscess - Incidental appendectomy - Manipulation of Bartholin's cyst - Metoprost - Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) - Microplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endocervix, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of primary stromal sarcoma; vaginal approach, intrapubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&K with contralateral laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingo-oophorectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple.</p>	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide coordination to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders</p>	EXCLUDING: Hysteroscopic surgery ligation

Physician Privileges

Page 2 of 3

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cervical -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medications to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multibetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital defects, cardiac disease, anemia and hematologic disorders, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Hysterotomy and repair -Spontaneous vaginal delivery -Anesthesia and analgesia: 1. Paracervical sedation I-II & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
Obstetrics & Gynecology APPHC(VH3) 2009	11	Reproductive Endocrinology Core Privileges	<p>Adult, evaluate, diagnose, treat and provide important or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Genetic Intrauterine transfer (G.I.U.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of amenorrhea, anovulation, hyperproliferation, hyperandrogenism, hyperproliferation -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Techniques of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubularization -Intra-abdominal transfer of</p>

EXCLUSION: Genetic Intrauterine Transfer (G.I.U.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of amenorrhea, anovulation, hyperproliferation, hyperandrogenism, hyperproliferation -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Techniques of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Core Privileges	<p>gones and oocytes - Culture and fertilization of oocytes</p> <p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary in current or treat female patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to -</p> <p>Cystoscopy - Cystotomy/cystostomy - Collagen injection - Pubovaginal/medial suspension - Paravaginal repair - Sacrospinous ligament suspension - Sacrocolpopexy - Sacrotuberous ligament suspension - Multichannel urodynastic testing</p>	<p>gones - Culture and fertilization of oocytes</p> <p>EXCLUSION: Collagen injection, Paravaginal repair and Sacrocolpopexy</p>
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06/10/2016 FRI 15:05 FAX

Physician Services

0005/015

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the [redacted] is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 49601 Name: A. D.

Privileges Effective Date: 4/10/2015 thru 6/30/2017

Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, ureter, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomy (inguinal, axillary, pelvic, para-aortic) -Microsurgery -Myometrial flap, skin grafting -Para aortic and pelvic lymph node dissection -Pelvic reconstruction (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated -Treatment of invasive carcinomas of the vagina by radical vulvectomy and other related surgery -Treatment of invasive carcinomas of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease -Uterine/vaginal isolate implants -Insertion of intra-cavity radiation application -Salpingo-oophorectomy -Omentectomy -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resection and reconstruction of small bowel, procedures of small bowel, mucous fistula formation of small bowel, ileostomy, repair of fistula, resection and reconstruction of large bowel	
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adrenal surgery, including ovarian cystectomy, nephrectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cytoscopy as part of gynecological procedure -Diagnostic and therapeutic I&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Intrauterine abortion -Gynecologic manography -Hysterectomy, abdominal, vaginal, including	

Physician Privileges

Page 2 of 3

			<p>Laparoscopy - Hysteroscopy, diagnostic or ablative including use of resection technique - L&D of Bartholin cyst or perineal abscess - L&D of pelvic abscess - Incidental appendectomy - Manipulation of Bartholin cyst - Metrioplasty - Minor gynecological surgical procedures (condomectomy biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) - Metrioplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of urinary stress incontinence; vaginal approach. retrograde urethral suspension; sling procedure. Operations for treatment for benign pelvic disease: L&C with coeliotomy, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional). Operative laparoscopy for pelvic pain and infertility. Repair of ectopic, contralateral, cystic, or pelvic prolapse. Tuboplasty and other infertility surgery (not microsurgical). Umbilical & Inguinal Hernia Repair with another gynecologic procedure. Uterovaginal vaginal, Iliovaginal fistula, Vaginalvaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, clitoris</p>
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. Performance of history and physical exam - Antepartum - Amniotic infection - Amniotomy or Oxytocin induction - Application of internal fetal and uterine monitors - Augmentation and induction of labor by use of Oxytocin - Cesarean hysterectomy, cesarean section - Cervical biopsy or conization of cervix in pregnancy - Circumcision of newborn - External version of breech - Hypogastric artery ligation - Immediate care of the newborn (including resuscitation and stabilization) - Interpretation of fetal monitoring - Low or mid forceps delivery, including rotations - Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, protracted labor, and multiple gestation and placenta abnormalities - Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum period, normal antepartum and postpartum care, postpartum complications, fetal deaths - Manual removal of placenta, uterine curettage - Medication to induce fetal lung maturity - Normal spontaneous vaginal delivery - Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques - Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) - Performance of breech and multifetal deliveries - Perineal and paravaginal blocks - Repair 4th degree perineal lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital, cardiac disease, anemias and</p>

Physician Privileges

Page 3 of 3

			<p> Rheumatoid arthritis, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesia: 1. Parenteral sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block </p>
<p> *Obstetrical Gynecology APPROVED 2009 </p>	9	Urogynecology Care Privileges	<p> Adult, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges listed but are not limited to - Cystoscopy - Cystotomy/cystostomy - Collagen injection - Pelvic organ prolapse suspension/fixing - Paravaginal repair - Uterosacral colposuspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing </p>

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID: 40360 NAME: M D. Privileges Effective Date: 7/6/2015 thru 7/6/2017 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Cervixoplasty -Colposcopy -Cystoscopy as part of gynecological procedures -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysterectomy, diagnostic or ablative including use of resection techniques -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Metastabilization of Bartholin cyst -Metropexy -Minor gynecological surgical procedures (condomectomy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metropexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease; D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, ectopic, cystic, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Unilateral or bilateral Hysterectomy with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula, Vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
*Obstetrics/Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Criterial Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACGME/ACGIA accredited training program in cardiovascular surgery, general surgery including colorectal surgery, gynecology or urology, otolaryngology, thoracic surgery and/or appropriate surgical subspecialty; 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

			<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the FDA-mandated training course for the use of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon. OR 1. Successfully completed training in residency followed by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterotomy -Cervical -Cervical biopsy or dilation of cervix in pregnancy -Chromocloning of newborn -Maternal version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interoptions of fetal monitoring -Low or mid forceps delivery, including cesarean -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dation, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patient, normal postpartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Medical and gynecological blocks -Repair 4th degree perineal</p>	

Physician Privileges

Page 3 of 3

			lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted diseases, pulmonary disease, thromboembolic disorders, infectious diseases, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Hysterotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesic: 1. Precedential sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block
*Obstetrics & Gynecology APPROVED 2009	9	Gynecology Core Privileges	Adult, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to -Cystoscopy -Cystostomy/cystostomy - Collagen injection -Pulvovaginal arellal suspension/sling -Paravaginal repair -Uterosacral ligament suspension -Sacrocolpopexy -Sacrospinous ligament suspension -Multichannel urodynamic testing

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID Name
13243

M. D.

Privileges Effective Date
8/10/2014 thru 8/9/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to control or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the endometrial glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adrenal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Magnetic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometritis and adhesions -Endometrial ablation -Gynecologic radiography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative (including use of resection techniques -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Marsupialization of Bartholin cyst -Mastopexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Myomectomy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginoplasty, colposuspension, urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for ectopic bleeding (abnormal and dysfunctional), Operative laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & incisional Hernia Repair with another gynecologic procedure, Uterus/vaginal fistula, Uterovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

		<p>history and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervix -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and stabilization) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild anemia, threatened abortion, normal puerperal period, normal antepartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Methemoglobin induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, hemoglobinopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthetics and analgesics 1. Paracervical sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
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Physician Privileges

Physician Privileges

Physician ID
40119

Name

M.D.

Privileges Effective Date
6/10/2014 thru 6/6/2016Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admit, evaluate, diagnosis, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. (The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopic -Colpoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysteroscopy, abdominal, vaginal, including laparoscopy -Hysterectomy, diagnostic or operative including use of excision technique -I&D of Bartholin's cyst or perineal abscess -I&D of pelvic abscess -Incisional appendectomy -Manipulation of Bartholin's cyst -Mastopexy -Major gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Mastopexy, Myomectomy, hysterectomy, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, cervix, or ovary, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence: vaginal approach, urethral or vaginal suspension, sling procedure, Operation for treatment for benign pelvic disease: D&C with conization, hysterectomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula, Uterovaginal fistula, Vaginal biopsy, Vulvectomy, simple</p>	EXCLUDING: Vaginal hysterectomy, including laparoscopy and Uterovaginal fistula
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnosis, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders</p>	EXCLUDING: Hysterectomy, uterine artery ligation

			<p>that are complicating factors in pregnancy. The other privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniocentesis or Oxytocin infusion -Application of internal fetal and cardiac monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervical biopsy or coagulation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or high forceps delivery, including rotations -Management of high risk pregnancy (inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, preterm labor, and multiple gestation and placenta abnormalities) -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal placental previa, normal delivery and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Pudendal and epidural blocks -Rapid 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, splenomegaly disease, thrombocytopenia disorders, infectious disease, ectopic pregnancy and other conditions of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Parenteral sedation 2nd & 3rd; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2809	11	Reproductive Endocrinology Com Privileges	<p>Admit, evaluate, diagnose, treat and provide important or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to - Genetic karyotyping transfer (O.I.F.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of anovulation, amenorrhea, hyperproliferation - Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal occlusion -Intra-abdominal transfer of</p>	<p>EXCLUDING: Genetic karyotyping (O.I.F.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of anovulation, amenorrhea, hyperproliferation - Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

83/17/2815 13:47

Physician Privileges

PAGE 85/86
Page 3 of 3

<p>*Obstetrics & Gynecology APPROVED 2009</p>	<p>9</p>	<p>Urogynecology Core Privileges</p>	<p>egones and eggs - Culture and fertilization of oocytes Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to extract or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystoscopy/cystostomy - Collagen Injection - Robotic vaginal medial suspension/tilting - Perineal repair - Uterosacral suspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynastic testing</p>	<p>egones - Culture and fertilization of oocytes EXCLUDING: Collagen Injection, Perineal repair and Sacrocolpopexy</p>
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51 External

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **			
TIME RECEIVED March 17, 2015 2:51:10 PM EDT 03/17/2015 13:47	PRMTF CSID	DURATION 139	PAGES 6
		STATUS Received	
		PAGE 01/06	

TO MRS

March 13, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Please send to ER & one of us will take care of your patients. We are the only ones taking.

Sincerely,

MD

MD

Phone: _____

office
[Redacted signature area]

07/14/2015 15:35

PAGE 02/02

From: PLANNED PARENTHOOD OF INDIANA

07/14/2015 15:50

#104 P.002/002

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

MD

Phone: _____

_____, MD

MD

Phone: _____

Phone: _____

**** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY ****

TIME RECEIVED	DEWYCE FETTY	DURATION	PAGES	STATUS
April 13, 2016 4:27:44 PM EDT		55	1	Received
04/13/2016 16:30 FAX				00001/0001

FAX to

April 13, 2016

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in _____

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely, >

MD
[Signature]

MD

Phone: _____

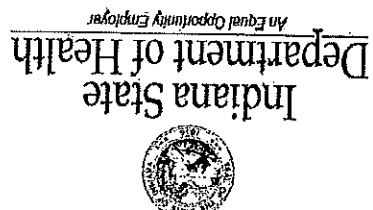
MD

Phone: _____

MD

Phone: _____

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



July 11, 2016

MICHAEL STENGER, ADMINISTRATOR
FRANCISCAN ST MARGARET HEALTH - DYER
24 JOLIET ST
DYER, IN 46311

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



2 North Meridian Street • Indianapolis, IN 46204
317.233.1325 tdd 317.233.5577
www.statehealth.in.gov
To promote and provide essential public health services.

PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: . . . MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the . . . is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID Name
40139

M, D.

Privileges Effective Date
6/10/2016 thru 6/9/2018Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Adult, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the intramural glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Cervixlectomy -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than tubal sterilization) -Hysteroscopy, including diagnosis and treatment of pelvic pain, pelvic mass, leiomyomata, endometriosis, and endometrial ablation -Endometrial ablation -Gynecologic ultrasonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysterectomy, diagnostic or ablative excluding use of resection technique (RA) of Bartholin's cyst or perineal abscess (RA) of pelvic abscess -Incidental appendectomy -Manipulation of Bartholin's cyst -Metropexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Metropexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endocervix, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, intravaginal urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Abdominal vaginal, Uterovaginal fistula, Vagino-vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, Simple</p>	<p>EXCLUDING: Vaginal Hysterectomy, including laparoscopic and Uterovaginal fistula</p>
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Adult, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases</p>	<p>EXCLUDING: Hypogastric artery ligation</p>

Physician Privileges

Page 2 of 3

			<p>that are complicating factors to pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patient, normal ante-partum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multibetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Hysterotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Paracervical sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>
Obstetrics/Gynecology APPENDIX 2009	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide dependent or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to -Ovarian hyperandrogenism transfer (G.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of amenorrhea, oligomenorrhea, hyperproliferation, hyperandrogenism, hyperproliferation -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVP including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and (subcutaneous) implantation -Intra-abdominal transfer of</p>
			<p>EXCLUDING: Granule leydigolipoma (G.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of amenorrhea, oligomenorrhea, hyperproliferation, hyperandrogenism, hyperproliferation -Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVP including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPROVED 2009	9	Urogynecology Clinic Privileges	gametes and zygotes - Culture and fertilization of oocytes Advise, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary in clinical or trial female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystotomy/cystostomy - Collagen injection - Pubovaginal medial suspension - Paravaginal repair - Uterine sacral colposuspension - Sacrocolpopexy - Scaraplastic ligament suspension - Multichannel urodynastic testing	oocytes - Culture and fertilization of oocytes EXCLUDING: Collagen injections, Paravaginal repair and Sacrocolpopexy
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June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the) is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
49601

Name

A. D.

Privileges Effective Date
4/10/2015 thru 6/30/2017Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics & Gynecology APPR(VH) 2009	5	Gynecologic Oncology Core Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinoma of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, ureters, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -Lymphadenectomy (inguinal, femoral, pelvic, para-aortic) -Microsurgery -Myomectomy -Uterine artery embolization -Pelvic and pelvic lymph node dissection -Pelvic reconstruction (anterior, posterior, total) -radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vulvectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease -Uterine/vaginal isotope implants -Insertion of intra-cavitary radiation application -Salpingo-oophorectomy -Osteoneurotomy -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resection and reconstruction of small bowel, procedures of small bowel, mucous fistula formation of small bowel, ileostomy, repair of fistulas, resection and reconstruction of large bowel</p>	
*Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation, pre- and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Advanced surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast mass -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic I&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometriosis and adhesions -Endometrial ablation -Gynecologic radiography -Hysterectomy, abdominal, vaginal, including</p>	

Physician Privileges

Page 2 of 3

			<p>laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection technique -L&D of Bartholin cyst or perineal abscess -L&D of pelvic abscess -Incidental appendectomy -</p> <p>Multiplication of Bartholin cyst -Metrinoplasty -</p> <p>Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -</p> <p>Metrinoplasty, Myometomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: O&C with coeliotomy, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Inguinal Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula repair, Vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, clitoral</p>
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, consult, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amniotic infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and stabilization) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotational -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, postpartum, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placental abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum period, normal delivery and postpartum care, postpartum complications, fetal distress -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or 3rd degree cervical or vaginal lacerations -Prevention of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital, cardiac disease, anemias and</p>

Physician Privileges

Page 3 of 3

			<p>hematologicopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesic: 1. Paracervical sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges included but are not limited to - Cystoscopy - Cystostomy/cystostomy - Collagen injection - Pudendal/paravaginal urethral suspension/sling - Paravaginal repair - Uterine sacral suspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel myodynamic testing</p>	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID Name

40360

M.D.

Privileges Effective Date

7/6/2015 thru 7/5/2017

Status

Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Conization biopsy, including conization -Colposcopy -Cervixoplasty -Colposcopy -Cystoscopy as part of gynecological procedures -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than total sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, endometriosis, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysterectomy, diagnostic or ablative, excluding use of resection techniques -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Microsuturing of Bartholin cyst -Metropexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metropexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (total ligament), Operation for treatment of urinary stress incontinence; vaginal approach, retrograde urethral suspension, sling procedure, Operation for treatment for benign pelvic disease: D&C with conization, hysterectomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, myomectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse; Tuboplasty and other infertility surgery (not microsurgical); Umbilical or Incisional Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Obstetrics/Gynecology APPROVED 2009	21	Non Core Privileges	Robotic da Vinci Surgical System Criteria: Training Requirements: 1. Must be a licensed M.D. or D.O.; 2. Minimum formal training: successful completion of an ACHS/ACCME accredited training program in cardiothoracic surgery, general surgery including colorectal surgery, gynecology or urology, otolaryngology, bariatric surgery and/or appropriate surgical subspecialty. 3. Clinical privilege for open operation that will be performed on the da Vinci	

Physician Privileges

Page 2 of 3

			<p>Surgical Systems, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedures. 4. Documentation of satisfactory completion of the FDA-mandated training course in the safe use of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Currently accepts the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. A additional proctored cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of biopsy and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, hysterectomy -Cervical -Cervical biopsy or dilation of cervix in pregnancy -Circumcision of newborn -Internal version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including cesarean -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, protracted labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal placental previa, normal amniotome and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of perineal and anal lacerations -Perineal and perineal blocks -Repair 4th degree perineal</p>	

Physician Privileges

Page 3 of 3

			lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Hysterotomy and repair - Spontaneous vaginal delivery cephalic - Anesthetics and analgesic: 1. Parenteral sedation IM & IV; 2. Local: 3. Pudendal block; 4. Perineocervical block	
Obstetrics & Gynecology APPROVED 2009	2	Urogynecology Core Privileges	Assess, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy (Cystoscopy/cystostomy - Collagen injection - Pubovaginal sternal suspension/sling - Transvaginal repair - Uterovaginal suspension - Sacrospinous ligament suspension - Ligament suspension - Multichannel urodynamic testing	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID
13243

Name

M. D.

Privileges Effective Date

1/10/2014 thru 1/9/2016

Status

Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to control or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the urinary system. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of uterine masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnosis and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, menorrhagia, endometriosis and adhesions -Endometrial ablation -Gynecologic radiography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative including use of resection technology -I&D of Bartholin cyst or perineal abscess -I&D of pelvic abscess -Incisional appendectomy -Manipulation of Bartholin cyst -Mastopexy -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Mastopexy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retroperitoneal ureteral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterus-sparing vaginal, Diver vaginal fistula, Vagovaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vulvectomy, simple	
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

		<p>History and physical exam -Anticoagulation -Amniotic infusion -Amniotomy or Oxytocin induction - Application of internal fetal and uterine monitors - Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, hysteropexy, oophorectomy -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn - External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and bath/shower) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal placental previa, normal antepartum and postpartum care, postpartum complications, fetal distress -Manual removal of placenta, uterine curettage - Medolaminin induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multifetal deliveries -Pudendal and paracervical block -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, hemoglobinopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Paravertebral sedation IM & IV; 2. Local: 3. Pudendal block; 4. Paracervical block</p>
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Physician Privileges

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Anesthesia and induction of labor by use of Oxytocin -Caesarean hysterectomy, cesarean section -Cervical -Cervical biopsy or coagulation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy (inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities) -Management of parturition with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patients, normal menopause and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication induced fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Pudendal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, hematopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted diseases, pulmonary disease, thrombotic/thrombolytic disorders, infectious disease, ectopic pregnancy and other incidents of pregnancy, such as incomplete, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthetic and analgesic: 1. Perineal sedation BM & IV; 2. Local; 3. Pudendal block; 4. Perineal block</p>	
Obstetrics/Gynecology APPROVED 2809	11	Reproductive Endocrinology Core Privileges	<p>Admit, evaluate, diagnose, treat and provide postpartum or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Ovarian in vitro fertilization transfer (O.I.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hyperandrogenism, amenorrhea, hyperprolactinemia -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubal occlusion -Intra-abdominal transfer of</p>	<p>EXCLUDING: Genetic In vitro fertilization (G.I.F.T.) -Fertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hyperandrogenism, amenorrhea, hyperprolactinemia, Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

*Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Core Privileges	gynecology and cytology - Culture and fertilization of oocytes Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystotomy/cystostomy - Collagen injection - Perivaginal urethral suspension/repair - Perivaginal repair - Uterovaginal culposuspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamics testing	gynecology - Culture and fertilization of oocytes EXCLUDING: Collagen injection, Perivaginal repair and Sacrocolpopexy
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☒ Submit

TIME RECEIVED
March 17, 2015 2:51:10 PM EDT
03/17/2015 13:47

PRIVACY CSID

DURATION
139

PAGES
6

STATUS
Received

PAGE 01/06

TO MRS

March 13, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

Please send to ER & one of us will
take care of your patients.
We are the only ones taking
BR call

MD

MD

Phone: _____

07/14/2015 15:35

PAGE 02/02

07/14/2015 15:59

#104 P.002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

_____, MD
Phone: _____

_____, MD
Phone: _____

_____, MD
Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED	DATE/TIME	DURATION	PAGES	STATUS
April 13, 2016 4:27:44 PM EDT		55	1	Received
04/13/2016 18:30 FAX				00001/0001

FAX to

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at In
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD
[Redacted Signature]

MD

Phone: _____

MD

Phone: _____

MD

Phone: _____



/s/ Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

JANICE RYBA, ADMINISTRATOR
ST MARY MEDICAL CENTER INC
1500 S LAKE PARK AVE
HOBART, IN 46342

July 11, 2016

Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner



|||||
PLANNED PARENTHOOD MERRILLVILLE
8645 CONNECTICUT ST
MERRILLVILLE, IN 46410

06/10/2016 FRI 15:04 FAX

Physician Services

0001/015

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: , MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 02/05/2001 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Physician Privileges

Physician ID
40139

Name

M, D.

Privileges Effective Date
6/10/2016 thru 6/9/2018Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Adult, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care, necessary to correct in tract female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam. -Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy. -Aspiration of breast masses. -Cervical biopsy, including conization. -Culdocentesis -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure. -Diagnostic and therapeutic D&C. -Diagnostic and operative Laparoscopy (other than tubal sterilization). -Retroperitoneal laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions. -Endometrial ablation. -Gynecologic sonography. -Hysterectomy, abdominal, vaginal, including laparoscopic. -Hysteroscopy. -Diagnostic or ablative excisional cure of ectocervical ectropion. -LAP of Bartholin's cyst or perineal abscess. -LAP of pelvic abscess. -Incisional appendectomy. -Manipulation of Bartholin's cyst. -Mastopexy. -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess). -Myomectomy. -Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of primary stress incontinence; vaginal approach, intravaginal mesh suspension. -Pain procedures. Operations for treatment for benign pelvic disease. D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy, Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of rectocele, enterocele, cystocele, or pelvic prolapse. Tuboplasty and other infertility surgery (not microsurgical). Umbilical & Incisional Hernia Repair with another gynecologic procedure, retroperitoneal vaginal, Uterovaginal fistula, Vagovaginal fistula, ectovaginal fistula repair, Vulvar biopsy, Vulvectomy, Simple</p>	EXCLUDING: Vaginal Hysterectomy, including laparoscopic and retrovaginal fistula
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Adult, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders</p>	EXCLUDING: Hypogastric artery ligation

Physician Privileges

Page 2 of 3

		<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Caesarean hysterectomy, caesarean section -Cesarean -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal postpartum patient, normal enlargement and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multiletal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetic mellitus, renal disease, coagulopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after caesarean section (VBAC) -Hysterotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Paracervical block; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2009	11	<p>Reproductive Endocrinology/ Core Privileges</p> <p>Admit, evaluate, diagnose, treat and provide independent or consultative consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to - Gamete intrafallopian transfer (G.I.F.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of amenorrhea, oligomenorrhea, hyperprolactinemia, luteal phase defect, hyperandrogenism - Laparoscopic retrieval of oocytes -Ultrasonically guided retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubouterine anastomosis -Intra-abdominal transfer of</p>	<p>EXCLUDING: Gamete intrafallopian (G.I.F.T.) - Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of amenorrhea, oligomenorrhea, hyperprolactinemia, luteal phase defect, hyperandrogenism - Laparoscopic retrieval of oocytes -Ultrasonically guided retrieval of oocytes -Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer, intra-abdominal transfer of gametes and</p>

Physician Privileges

Page 3 of 3

Obstetrics/Gynecology APPR(VH) 2009	9	Urogynecology Core Privileges	<p>gametes and zygotes - Culture and fertilization of oocytes</p> <p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary in current or latent female patients of all ages presenting with injuries and disorders of the genitourinary system.</p> <p>Privileges include but are not limited to -</p> <p>Cystoscopy - Cystotomy/cystostomy - Collecol injection - Pubovaginal neurectomy - Suspensory/lig - Paravaginal repair - Uterine prolapse suspension - Sacrocolpopexy - Transvaginal ligament suspension - Multichannel urodynamics testing</p>	<p>Oocytes - Culture and fertilization of oocytes</p> <p>PRC (H) HNC: Collagen injection, Paravaginal repair and Sacrocolpopexy</p>
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06/10/2016 PM 15:05 FAX

Physician Services

0005/015

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the [redacted] is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 08/06/1979 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
49601

Name

A. D.

Privileges Effective Date
6/10/2015 thru 6/30/17Status
Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	5	Gynecologic Oncology Core Privileges	<p>Adult, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting there from, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Chemotherapy -</p> <p>Lymphadenectomy (inguinal, femoral, pelvic, para-aortic) -Microsurgery -Myocutaneous flaps, skin grafting -Deep pelvic and pelvic lymph node dissection -Pelvic exenteration (anterior, posterior, total) -Radical hysterectomy, vulvectomy and staging by lymphadenectomy -Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated -Treatment of invasive carcinoma of the vagina by radical vaginectomy and other related surgery -Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection -Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease -</p> <p>Uterine/vaginal incision/implant -Insertion of intracavity radiation application -Salpingo-oophorectomy -Omentectomy -Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding jejunostomy/gastrostomy, resections and reconstruction of small bowel, procedures of small bowel, mucous fistula formation of small bowel, DeMeester, repair of fistulae, resection and reconstruction of large bowel</p>	
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Adult, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colposcopy -Colposcopy -Cystoscopy as part of gynecological procedure -</p> <p>Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Intrauterine abortion -Gynecologic radiography -Hysterectomy, abdominal, vaginal, including</p>	

Physician Privileges

Page 2 of 3

			<p>Laparoscopic - Hysteroscopy, diagnostic or ablative excluding use of resection technique - I&D of Bartholin cyst or perineal abscess - I&D of pelvic abscess - Incidental appendectomy -</p> <p>Multiplication of Bartholin cyst - Metrorrhaphy -</p> <p>Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -</p> <p>Metrorrhaphy, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: U&C with coagulation, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional),</p> <p>Operative Laparoscopy for pelvic pain and infertility, Repair of ectopic, microecce, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Umbilical & Incisional Hernia Repair with another gynecologic procedure, Uterovaginal fistula, Uterovaginal fistula, Vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple</p>
Obstetrics & Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. - Performance of history and physical exam - Amniocentesis - Amniotic fluid - Amniotomy or Oxytocin induction - Application of internal fetal and uterine monitors - Augmentation and induction of labor by use of Oxytocin - Caesarean hysterectomy, cesarean section - Cervical biopsy or dilation of cervix in pregnancy - Circumcision of newborn - External version of breech - Hypogastric artery ligation - Immediate care of the newborn (including resuscitation and stabilization) - Interpretation of fetal monitoring - Low or mid forceps delivery, including rotational - Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, preeclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation and placenta abnormalities - Management of patients with/without medical surgical or obstetrical complications the normal labor including mild hemorrhage, threatened abortion, normal postpartum patients, normal endometriosis and postpartum care, postpartum complications, fetal deaths - Manual removal of placenta, uterine curettage - Modifications include fetal lung maturity - Normal spontaneous vaginal delivery - Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques - Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) - Performance of breech and multifetal deliveries - Pudendal and paracervical blocks - Repair 4th degree perineal lacerations or of cervical or vaginal lacerations - Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, congenital anomalies, venous disease, anemias and</p>

Physician Privileges

Page 3 of 3

			<p>hematopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthetics and analgesic: 1. Prolonged sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block</p>	
Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Care Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystostomy/cystostomy - Collagen injection - Pelvic/abdominal medical suspension/ligament - Paravaginal repair - Uterosacral ligament suspension - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing</p>	

06/10/2016 FRI 13:07 FAX

Physician Services

0009/015

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the : is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 07/12/2007 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 3

Physician Privileges

Physician ID
40360

Name

M.D.

Privileges Effective Date

7/6/2013 thru 7/9/2017

Status

Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Obstetrics & Gynecology APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the accessory glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Cervixoplasty -Colposcopy -Cervixoplasty as part of gynecological procedures -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than total sterilization) -Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, ectopic pregnancy, endometriosis and adhesions -Endometrial ablation -Gynecologic sonography -Hysterectomy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative excluding use of resection techniques -I&D of Bartholin's cyst or perineal abscess -I&D of pelvic abscess -Incidental appendectomy -Manipulation of Bartholin's cyst -Metroplasty -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin's cyst and abscess) -Metroplasty, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, cervix, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropublic urethral suspension, sling procedures, Operations for treatment for benign pelvic disorder: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectovaginal, enterovaginal, cystovaginal, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Uterine atresia repair, Uterine repair with another gynecologic procedure, Uterine repair, Uterovaginal fistula, Vaginal repair, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Obstetrics & Gynecology APPROVED 2009	21	Non Core Privileges	Robotic deVinci Surgical System Criteria: Training Requirements: 1. Must be a Licensed M.D. or D.O.; 2. Must have formal training: successful completion of an ACGME/ACOA accredited training program in cardiovascular surgery, general surgery including colon/rectal surgery, gynecology or urology, otolaryngology, bariatric surgery and/or appropriate surgical subspecialty; 3. Clinical privilege for open operation that will be performed on the deVinci	

Physician Privileges

Page 2 of 3

			<p>Surgical System, or documentation of training and experience commensurate with the requirements for obtaining privileges to perform the open procedure. 4. Documentation of satisfactory completion of the IMA-mandated training course in the use of the robotic surgical system which must include an on-site system training plus one day off-site training at the Intuitive Surgical Inc. (ISI) Training Center. 5. Documentation provided by ISI of having observed at least two (2) robotic operations performed by an experienced surgeon OR 1. Successfully completed training in residency confirmed by the program director with a letter of support from their facility. OR 1. Currently meets the above qualifications and currently has full privileges to perform da Vinci surgical systems procedure at another facility. Physicians meeting these criteria must indicate all facilities where they perform this procedure and provide a case log of procedures done and outcome data in the past 12 months as well as providing the documentation listed above. AND 1. Documentation of having observed at least two (2) robotic operations performed by an experienced surgeon. 2) An identified proctor for two (2) cases by a second surgeon in the same surgical specialty who has met the above requirements. Additional proctored cases may be at the discretion of the proctor and/or the Credentials and Professional Standards Committee OR Be proctored by a da Vinci Intuitive Surgical approved proctor from inside or outside of Methodist Hospital. (approved 6/4/12)</p>
Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Perforations of uterus and physical exam -Amniocentesis -Amnio infusion -Amniotomy or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, hysterotomy -Cervical biopsy or conization of cervix in pregnancy -Chromosomal of newborn -External version of breech -Hypogastric artery ligature -Immediate care of the newborn (including resuscitation and intubation) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotational -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dation, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, protracted labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia, threatened abortion, normal preterm labor, normal ante-partum and post-partum care, post-partum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including physiotherapy and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Perforations of breech and multifetal deliveries -Pudendal and paracervical blocks -Repair 4th degree perineal</p>

Physician Privileges

Page 3 of 3

			lacerations or of cervical or vaginal lacerations - treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete or missed abortion - Vaginal birth after cesarean section (VBAC) - Episiotomy and repair - Spontaneous vaginal delivery cephalic - Anesthesia and analgesic: 1. Preinduction sedation IM & IV; 2. Local; 3. Pudendal block; 4. Paracervical block	
Obstetrics & Gynecology APPROVED 2009	9	Urogynecology Core Privileges	Admit, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to: -Cystoscopy - Cystotomy/cystostomy - Collagen injection - Pelvic/vaginal wall suspension/fix - Paravaginal repair - Uterosacral ligament suspension - Sacrospinopexy - Sacrospinous ligament suspension - Multichannel urodynamic testing	

June 10, 2016

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

RE: _____, MD

In response to your inquiry, we are authorized by the hospital's Division Chief to release the information outlined, in lieu of your questionnaire.

Membership on the Medical Staff of the _____ is contingent upon compliance with the Medical Staff Bylaws/Rules and Regulations. Our practitioners are elevated through established criteria-based monitoring activities.

The above named practitioner is a member of our Medical Staff. Based on their file, there are no disciplinary actions related to quality of care, no restrictions or denial of privileges, and we are aware of no health problems. Therefore, we can state with confidence that we know of nothing that would preclude recommending this practitioner to any organization.

DEPARTMENT: Obstetrics/Gynecology
SPECIALTY: Obstetrics & Gynecology
CATEGORY: Active
INITIAL APPOINTMENT: 11/06/1995 - Present

Sincerely,

Liaison
Medical Staff

Physician Privileges

Page 1 of 2

Physician Privileges

Physician ID: 13243 Name: M. D. Privileges Effective Date: 2/10/2014 thru 2/9/2016 Status: Active

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
Gynecology (Gynecology) APPROVED 2009	3	Gynecology Core Privileges	Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to collect or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Colpoplasty -Colposcopy -Cystoscopy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative laparoscopy (other than tubal sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, menorrhagia, endometriosis and adhesions -Hysterectomy -Hysteroscopic menorrhagia -Hysteroscopy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or ablative (excluding use of resection technique -I&I) of Bartholin cyst or perineal abscess -I&I of pelvic abscess -Incidental appendectomy -Marsupialization of Bartholin cyst -Metoplastic -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Metoplastic, Myomectomy, abdominal, Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix, Operation for sterilization (tubal ligation), Operation for treatment of urinary stress incontinence, vaginal approach, retropubic urethral suspension, sling procedure, Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy; Operation for uterine bleeding (abnormal and dysfunctional), Operative Laparoscopy for pelvic pain and infertility, Repair of rectocele, enterocele, cystocele, or pelvic prolapse, Tuboplasty and other infertility surgery (not microsurgical), Unilateral & bilateral Hemic Replacements with another gynecologic procedure, Uterus and vaginal, Uterovaginal fistula, Vaginal fistula, rectovaginal fistula repair, Vulvar biopsy, Vulvectomy, simple	
Gynecology (Gynecology) APPROVED 2009	1	Obstetrics Core Privileges	Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of	

Physician Privileges

Page 2 of 2

History and physical exam -Amniocentesis -Amnioinfusion -Amniotomy or Oxytocin induction -Application of external fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cordage -Cervical biopsy or conization of cervix in pregnancy -Circumcision of newborn -Distal resection of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and labetalol) -Interpretation of fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-dates, third trimester bleeding, intrauterine growth retardation, placental rupture of membranes, premature labor, and multiple gestation and placenta abnormalities -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild anemia, threatened abortion, normal puerperal period, normal accretion and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, uterine curettage -Medication to induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and multi-fetal deliveries -Pudendal and perineurial blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as: Incompetent cervix or uterine abortion -Vaginal birth after cesarean section (VBAC) -Hysterotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Pudendal sedation IM & IV; 2. Local; 3. Pudendal block; 4. Perineurial block

Physician Privileges

Physician Privileges

Physician ID	Name
40119	

A. D.

Privileges Effective Date
6/30/2014 thro 6/30/2016

Statistik
Analyse

Division Specialty	Privilege Number	Section Description	Privilege Description	Notes
*Obstetrics/Gynecology APPROVED 2009	3	Gynecology Core Privileges	<p>Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra-, post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the reproductive glands. The core privileges in the specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Abdominal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy -Aspiration of breast masses -Cervical biopsy, including conization -Colposcopy -Gonorrhea -Chlamydia -Cervicitis -Cervical biopsy as part of gynecological procedure -Diagnostic and therapeutic D&C -Diagnostic and operative Laparoscopy (other than total sterilization) -Exploratory laparoscopy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions -Endometrial ablation -Cervicovaginal conization -Hysteroscopy, abdominal, vaginal, including laparoscopic -Hysteroscopy, diagnostic or operative including use of resection technique -I&D of Bartholin cyst as perianal abscess -I&D of pelvic abscess -Incisional appendectomy -Mucopolypoidization of Bartholin cyst -Metastasis -Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess) -Hysterectomy, hysterectomy, abdominal.</p> <p>Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix. Operation for sterilization (tubal ligation). Operation for treatment of urinary stress incontinence: vaginal approach. Interpubic urethral suspension, sling procedure. Operations for treatment for benign pelvic disease: D&C with conization, laparoscopy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy. Operation for uterine bleeding (abnormal and dysfunctional). Operative Laparoscopy for pelvic pain and infertility. Repair of ectopic, intrauterine, cystic, or pelvic prolapse. Tuboplasty and other infertility surgery (not interventional). Uterine and tubal Hysterectomy with another gynecologic procedure. Uterovaginal fistula, Uterovaginal fistula, Uterovaginal fistula, rectovaginal fistula repair. Vaginal biopsy. Vaginitis, atrophic</p>	<p>EXCLUDING: Vaginal Hysterectomy, including laparoscopic and ultravaginal fistula</p>
*Obstetrics/Gynecology APPROVED 2009	1	Obstetrics Core Privileges	<p>Admit, evaluate, diagnose, treat and provide consultation to female patients of all ages, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical disorders</p>	<p>EXCLUDING: Uterovaginal fistula, rectovaginal fistula repair, Vaginal biopsy, Vaginitis, atrophic</p>

			<p>that are complicating factors in pregnancy. The core privileges in this specialty include the procedures listed and such other procedures that are extensions of the same techniques and skills. -Performance of history and physical exam -Amniocentesis -Amnioinfusion -Antepartum or Oxytocin induction -Application of internal fetal and uterine monitors -Augmentation and induction of labor by use of Oxytocin -Cesarean hysterectomy, cesarean section -Cordage -Cervical biopsy or coagulation of cervix in pregnancy -Circumcision of newborn -External version of breech -Hypogastric artery ligation -Immediate care of the newborn (including resuscitation and intubation) -Intrapartum fetal monitoring -Low or mid forceps delivery, including rotations -Management of high risk pregnancy (inclusive of such conditions as pre-eclampsia, post-eclampsia, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, postpartum labor, and multiple gestation and placenta abnormalities) -Management of patients with/without medical surgical or obstetrical complications for normal labor including mild toxemia -Miscarried abortion, normal preterm labor, normal postpartum and postpartum care, postpartum complications, fetal demise -Manual removal of placenta, invasive chorionic -Medication induce fetal lung maturity -Normal spontaneous vaginal delivery -Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques -Operative vaginal delivery (including forceps, vacuum extraction, breech extraction) -Performance of breech and assisted deliveries -Pudendal and perineal blocks -Repair 4th degree perineal lacerations or of cervical or vaginal lacerations -Treatment of medical complications of pregnancy including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, scoliosis, cardiac disease, anemia and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other conditions of pregnancy, such as miscarriage, complete or missed abortion -Vaginal birth after cesarean section (VBAC) -Episiotomy and repair -Spontaneous vaginal delivery cephalic -Anesthesia and analgesia: 1. Parenteral sedation III & IV; 2. Local; 3. Epidural block; 4. Paracervical block</p>	
Obstetrics/Gynecology APPROVED 2809	11	Reproductive Endocrinology Core Privileges	<p>Adopt, evaluate, diagnose, treat and provide treatment or outpatient consultation to patients of all ages except as specifically excluded from practice with problems of fertility. Privileges include but are not limited to: -Gonadotropin releasing hormone (G.R.H.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, amenorrhea, hyperproliferation, -Laparoscopic retrieval of oocytes -Ultrasound retrieval of oocytes -Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer -Microsurgical tubal reanastomosis and tubovaginal anastomosis -Intra-abdominal transfer of</p>	<p>EXCLUDING: Gonadotropin (G.F.T.) -Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of disorders, amenorrhea, hyperproliferation, -Laparoscopic retrieval of oocytes, Ultrasound retrieval of oocytes, Technique of IVF including transabdominal/transvaginal oocyte harvesting, embryo transfer, Intra-abdominal transfer of gametes and</p>

03/17/2015 13:47

Physician Privileges

PAGE 86/86
Page 3 of 3

<p>*Obstetrics/Gynecology APPROVED 2809</p>	<p>9</p>	<p>Urogynecology Core Privileges</p>	<p>Gonorrhea and syphilis - Culture and fertilization of oocytes Admitt, evaluate, diagnose, treat and provide consultation, pre-, intra-, and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Privileges include but are not limited to - Cystoscopy - Cystotomy/cystostomy - Collagen injection - Robovaginal medial suspension/tilting - Perineal repair - Uterosacral oophorectomy - Sacrocolpopexy - Sacrospinous ligament suspension - Multichannel urodynamics testing</p>	<p>syphilis - Culture and fertilization of oocytes EXCLUDING: Collagen injection, Perineal repair and Sacrocolpopexy</p>
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21 Subnet

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
March 17, 2015 2:51:10 PM EDT
03/17/2015 13:47

REMOTE CSID

DURATION
139

PAGES
6

STATUS
Received

PAGE 01/06

TO MRS

March 13, 2015

MD
Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

Please send to ER & one of us will
take care of your patients.
We are the only ones taking
BR call

MD

MD

Phone: _____

07/14/2015 15:35

PAGE 02/02

07/14/2015 15:59

#104 P,002/002

From: PLANNED PARENTHOOD OF INDIANA

July 14, 2015

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at _____ in _____.
We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

_____, MD

MD

Phone: _____

_____, MD

MD

Phone: _____

Phone: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
April 13, 2016 4:27:44 PM EDT

DELIVERED FAX

DURATION
55

PAGES
1

STATUS
Received

04/13/2016 18:50 FAX

00001/0001

FAX to

April 13, 2016

MD

Planned Parenthood of Indiana and Kentucky
8645 Connecticut Street
Merrillville, IN 46410

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that we will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending Dr. . obtaining admitting privileges.

We have admitting privileges in Obstetrics and Gynecology at in

We will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event our services are needed under this agreement, contact one of us by calling the phone number listed with our names below. We have provided you with our cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

We agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

MD

Phone: _____

MD

MD

Phone: _____

Phone: _____



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

MATT BALLA, ADMINISTRATOR
ST VINCENT DUNN HOSPITAL INC
1600 23RD ST
BEDFORD, IN 47421

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



2 North Meridian Street • Indianapolis, IN 46204
317.233.1325 tdd 317.233.5577
www.statehealth.in.gov

To promote and provide
essential public health services.

PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

June 3, 2014

RE: DO

Dear Sir/Madam:

is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
Manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B:

Please be advised you currently have admitting privileges at

Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

TIME RECEIVED
December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at

and:

in

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 20 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ and _____
~~If the covering GYN physician or the only physician at these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formatted: Fort: Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____.

Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely, _____



/s/
Randall Snyder, PT, MBA
Division Director
Acute Care

Respectfully,

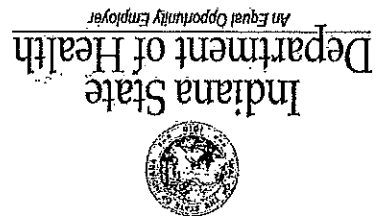
(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

Dear Administrator:

KRISTI BLEDSOE, ADMINISTRATOR
ST VINCENT FRANKFORT HOSPITAL INC
1300 S JACKSON ST
FRANKFORT, IN 46041

July 11, 2016



6

PLANNED PARENTHOOD LAFAYETTE
964 MEZZANINE DRIVE
LAFAYETTE, IN 47905

6/10/2016

Verification Letter

MEDICAL STAFF MEMBERSHIP OR AFFILIATION
PRIMARY SOURCE VERIFICATION

June 10, 2016

Randall Snyder
Indiana State Department of Health
2 N Meridian Street
Indianapolis, IN 46204

Re: MD

is committed to the provision of quality care and is accredited by HAP. We engage in quality review activities for the purpose of concurrent and retrospective data collection, review and reporting. We continually monitor and evaluate the care which our staff provides, including complication and mortality rates, number of admissions and procedures, peer review findings from drug usage evaluation, surgical case review, medical records review and departmental review, along with other indicators of the quality of care.

The above provider has met the necessary requirements to maintain membership and/or clinical privileges on the Medical Staff/Allied Health Staff at the entity(ies) shown below, including professional, moral, ethical, and physical requirements, and is, thereby, considered to be in good standing at the facilities listed:

Hospital/Facility	Dates of Affiliation	Specialty(ies)	Staff Category	Status
	8/31/2009 - 6/26/2014	Obstetrics and Gynecology	Consulting	Inactive
	2/23/2010 - 12/31/2017	Obstetrics and Gynecology	Active	Active
	7/16/1988 - 10/1/2014	Obstetrics and Gynecology	Courtesy	Inactive
	7/26/1988 - 2/25/2010	Obstetrics and Gynecology	Active	Inactive

Should you require additional information or if you have questions, please contact the appropriate Medical Staff Services department as follows:

Sincerely,
Medical Staff Services Department

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in I
admission and care for each patient needing urgent care services according to each patient's
need. Of course, any patient needing immediate care should be evaluated at the closest
emergency care center.

In the event my services are needed under this agreement, contact me by calling
Please provide the patient's name, reason for referral, current medical condition and means of
transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for
any reason.

Sincerely,

MD

June 1, 2016

MD

Planned Parenthood of Indiana and Kentucky
964 Mezzanine Drive
Lafayette, IN 47905

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days' notice if we need to modify or cancel this agreement for any reason.

Sincerely,

MD

January 31, 2016

M.D.

Dear Dr.

On behalf of the Board of Directors of
it is my pleasure to notify you of your reappointment to the Medical Staff of
for two years. Your reappointment
has been approved through December 31, 2017.

Copies of your Delinquent of Privileges forms are available from the Medical Staff
Office if required.

Please let me know if I may be of assistance to you.

Sincerely,

President & CEO

July 11, 2016

JOEL FELDMAN, ADMINISTRATOR
ST VINCENT HOSPITAL & HEALTH SERVICES
2001 W 86TH ST
INDIANAPOLIS, IN 46260

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:

- (1) each hospital located in the county in which the hospital granting the admitting privileges described in subsection (a) is located; and**
- (2) each hospital located in a county that is contiguous to the county described in subdivision (1); where abortions are performed.**

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH STREET
INDIANAPOLIS, IN 46222

Randall Snyder
Division Director
Indiana State Department of Health

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Staff Appointment Date: From: 09/24/1981 - Present

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

3-1-14
Date

3-1-14
Date

:MD



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to: _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

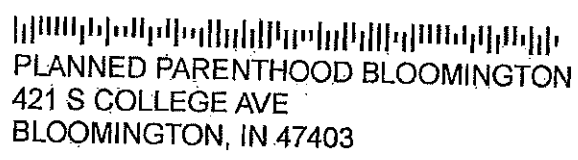
Date

7/7/2014

MD

Date

July 7, 2014



PLANNED PARENTHOOD BLOOMINGTON
421 S COLLEGE AVE
BLOOMINGTON, IN 47403

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: DO

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/27/1998 - Present

Staff Status: Active

Department/Section: Obstetrics & Gynecology/GYN & Urogynecological

Specialty: Obstetrics & Gynecology

If you need additional information, please contact me.

Sincerely,

Phone:

Fax:

Verification Letter

Page 1 of 1

June 3, 2014

RE: DO

Dear Sir/Madam:

_____ is accredited by the Joint Commission and is committed to the provision of quality of care. We engage in quality review activities for the purpose of concurrent/retrospective data collection, review and reporting. We continually monitor and evaluate the care which our Medical Staff provides to our patients. This review includes peer review findings from drug usage evaluation, surgical case review, transfusion review, medical records review and departmental review, as well as other indicators of the quality of care.

The above practitioner has met the necessary requirements to maintain membership on the Medical/Dental/Advanced Practice Staff including professional, moral, ethical and physical requirements.

Organization:

Specialties: Gynecology

Date of Appointment: 04/27/1998 to Present

Staff Category: Active

A review of this practitioner's file indicates that his/her appointment is in good standing and reveals nothing of a derogatory nature to report.

Should you require further information, please contact the Medical Staff Services Office at

Sincerely,

CPCS
manager, Medical Staff Services

June 3, 2014

DO

RE: Admitting Privileges

Dear Dr B,

Please be advised you currently have admitting privileges at
Questions/concerns, please do not hesitate in contacting me.

Regards,

CPCS
Manager, Medical Staff Services

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

December 8, 2015 11:04:07 AM EST

REMOTE CSID
PPCG

DURATION
221

PAGES
8

STATUS
Received

2015-12-08 11:00

YYYY

P 1/8

December 8, 2015

MD

Planned Parenthood of Indiana and Kentucky

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization pending your obtaining admitting privileges.

I have admitting privileges at:

and

In

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any post-abortion services patient from Planned Parenthood of Indiana and Kentucky (PPINK) needing admission, I will assume care of that patient. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at . In addition, my cell number is . Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

In the event my services are needed after the patient has left the facility, the PPINK physician on call should contact me by calling . Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days' notice if I need to modify or cancel this agreement for any reason.

Sincerely,

May 16 2011

Planned Parenthood of Indiana

RE: Backup Agreement in _____ County, Indiana

Dear Dr. _____ and Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges at _____ I and _____
~~If the covering GYN physician or the only physician of these hospitals is uncomfortable with any postabortal services patient from Planned Parenthood of Indiana (PPIN) needing admission, I will assume care of that patient, and will arrange patient admission and care for each patient needing my services according to each patient's need.~~

Formatted: Fort Century Schoolbook

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, before the patient has left the facility, contact me by calling my office at _____. In addition, my cell number is _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, the PPIN physician on call should contact me by calling _____. Please provide the patient's name, reason for referral, current medical condition and means of transport. Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: I

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____ He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:

Fax:

Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To: _____
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From: _____
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____).

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr:

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. .

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
I, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.


is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service



WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that _____ M.D., does have admitting privileges at _____. He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms. _____

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. _____ currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. :

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2013

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear _____,

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment





Michael R. Pence
Governor
Jerome M. Adams, MD, MPH
State Health Commissioner

July 11, 2016

RAYMOND INGHAM, ADMINISTRATOR
WITTHAM HEALTH SERVICES
2605 N LEBANON ST
LEBANON, IN 46052

Dear Administrator:

Enclosed are the documents regarding abortion clinics as required by HEA 1337, IC 16-34-2-4.5(d) which became effective July 1, 2016 to wit:

(d) The state department shall annually submit a copy of the admitting privileges described in subsection (a)(1) and a copy of the written agreement described in subsection (a)(2) to:
(1) each hospital located in the county in which the hospital is located; and
(2) each hospital located in a county that is contiguous to the county described in subdivision (1);
where abortions are performed.

Respectfully,

/s/
Randall Snyder, PT, MBA
Division Director
Acute Care



CLINIC FOR WOMEN
3607 W 16TH ST STE 2B
INDIANAPOLIS, IN 46222

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE: ; MD

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 09/24/1981 - Present

Staff Status: Active

Department/Section:

Specialty:

If you need additional information, please contact me.

Sincerely,

-
- Management of patients of all ages except as specifically excluded from practice, rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures; medical management and consultation in pain management and critical care medicine, direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation, pulmonary care, supervision of patients in post-anesthesia care units and critically ill patients in special care units.

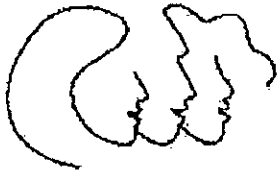
- The application of specific methods of respiratory therapy.
- The clinical management of the patient unconscious from whatever cause.
- The clinical management of various fluid, electrolyte and metabolic disturbances.
- The management of acute pain by special techniques (e.g.; nerve blocks, epidural or intrathecal opioids)
- The management of problems in cardiac and respiratory resuscitation.
- The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
- The support of life functions under the stress of anesthetic and surgical manipulations.

- Epidural and subarachnoid injections
- Peripheral nerve blocks

- > 10 Years
- 0 - 2 Years
- 2 - 10 Years

Special Procedures/Techniques

- Administration of sedation
- Admitting Privileges
- Limited critical care



Clinic for Women

ADMISSION PRIVILEGE AGREEMENT

Dr. _____ will provide Clinic For Women with hospital admitting privileges for patients that require hospitalization.

This contract will stay in effect unless either party terminate this agreement. A written 30 day notice will be required from either party.

We are very grateful to have a physician such as you in our community supportive of the work and service we provide to women.

Please sign and date the attached agreement and return along with your current medical license by fax at your convenience.

MD

3.1.14
Date

3-1-14
Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

3.1.14

MD

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

_____ is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of her patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

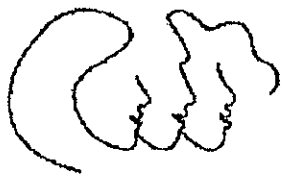
3.1.14

Date

MD

March 1, 2014

Date



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic for Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD _____

Date

3.1.14

MD _____

Date

March 1, 2014



Clinic for Women

Hospital Admitting Privilege Agreement

In the event that a Clinic for Women (CFW) patient requires hospitalization for an abortion complication Dr. _____ will agree to admit any patient (s) for all contracted physicians at the Clinic For Women.

MD is in agreement that Dr. _____ will provide all emergency admissions to _____ for any of his patients from the CFW.

CFW's Administrator and clinic doctor(s) will provide pertinent information to me regarding the patient's status. The Clinic Administrator will accompany or meet the patient at the hospital, making herself available to both the doctor and the patient.

CFW will maintain contact with the patient throughout her hospitalization and will provide follow-up care at the clinic.

With written approval/release from the patient, Dr. _____ agrees to provide a complete copy of any patient's hospitalization records to CFW under this agreement.

In the event that Dr. _____ is out of town or unavailable, the patient will be transferred to _____ via ambulance to the Emergency department.

MD

Date

7/7/2014

MD

Date

July 7, 2014

PLANNED PARENTHOOD INDIANAPOLIS
8590 GEORGETOWN RD
INDIANAPOLIS, IN 46268

June 10, 2016

Randall Snyder
Division Director
Indiana State Department of Health

RE:)

Dear Sir/Madam:

facilities are committed to the provision of quality care and are accredited by The Joint Commission and/or Healthcare Facilities Accreditation Program. Our Ambulatory Surgery Centers are accredited by the Accreditation Association for Ambulatory Health Care. We engage in peer review, quality management activities, ongoing professional practice evaluation and focused professional practice evaluation. We monitor our practitioners in six areas of general competency - patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The above practitioner has met the necessary requirements to maintain clinical privileges and membership on the Medical/Dental/Allied Health Staff including professional, moral, ethical and physical requirements.

Facility:

Staff Appointment Date: From: 04/06/2004 - Present

Staff Status: Active

Department/Section: Family Medicine

Specialty: Family Practice

If you need additional information, please contact me.

Sincerely,

Phone:
Fax:

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that , M.D., does have admitting privileges at : He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office:
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM

December 16, 2014

M.D.

Dear Dr.

It is my pleasure to inform you that the Board of Trustees of _____ has approved your reappointment at _____ in the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective 02/02/2015. Your reappointment date is 02/01/2017.

Please log on to iProfile to carefully review your approved privileges for any modifications to the original submission. The iProfile instructions are attached. If you need a copy of your clinical privileges, please contact Medical Staff Affairs at _____ or (_____)

Medical Staff members (physicians and dentists): if you are not currently board certified, please review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.

Chief Executive Officer

al

Attachment



Planned Parenthood of Indiana and Kentucky

March 12, 2015

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I originally provided this agreement to you by letter dated February 17, 2014, addressed to you at _____ and contemplated that agreement would apply to your abortion patients at Planned Parenthood of Indiana and Kentucky (PPINK) as well, but am now sending this separate agreement as clarification.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

October 19, 2015

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization

I have admitting privileges in Obstetrics and Gynecology at [redacted] and [redacted]. I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at [redacted]. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD

Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and
_____, or one of my partners, will arrange patient admission and care for
each patient needing urgent care services according to each patient's need. Of course, any
patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at
_____. I have provided you with my cell phone and pager numbers. Please provide the
patient's name, reason for referral, current medical condition and means of transport. A copy
of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for
any reason.

Sincerely,

_____, MD



Planned Parenthood of Indiana and Kentucky

June 9, 2014

MD
Planned Parenthood of Indiana and Kentucky
8590 Georgetown Road
Indianapolis, IN 46268

RE: Backup Agreement

Dear Dr. ,

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have admitting privileges in Obstetrics and Gynecology at _____ and _____ . I, or one of my partners, will arrange patient admission and care for each patient needing urgent care services according to each patient's need. Of course, any patient needing immediate care should be evaluated at the closest emergency care center.

In the event my services are needed under this agreement, contact me by calling my office at _____. I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

MD

August 27, 2015

MD

RE: Membership and Clinical Privileges

Dear MD:

I am pleased to inform you that your Application for Reappointment and Request for Clinical Privileges to have been approved by the Board of Directors for 11/01/2015 to 11/01/2017 as a Active member of the Medical Staff.

is committed to providing a safe environment and to meeting the medical and emotional needs of patients, families, visitors, employees, and staff. Members of the Medical/Allied Health Staff are obliged to carry themselves in such a manner which exemplifies the utmost respect and professionalism. By receipt of this letter and the attached copy of Code of Conduct Policy, you agree to abide by this policy.

If you have any questions regarding your appointment, please contact your supervising physician or the Medical Staff Services Office at the number below.

Sincerely,

President and CEO

Medical Staff Service

WOMEN'S MED GROUP
1201 N ARLINGTON AVE
INDIANAPOLIS, IN 46219

Snyder, Randall

From:
Sent: Friday, June 10, 2016 12:42 PM
To: Snyder, Randall
Subject: RE: Privilege Verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Snyder,

This is to confirm that M.D., does have admitting privileges at . He is due for reappointment by February 1, 2017.

If you have any questions, please do not hesitate to contact me.

Thank you.

Director
Medical Staff Affairs

Office: /
Fax:
Email:

From: Snyder, Randall [mailto:RSnyder1@isdh.IN.gov]
Sent: Friday, June 10, 2016 12:33 PM
To:
Subject: RE: Privilege Verification

Ms.

Pursuant to Indiana Code 16-16-34-2-4.5(c)(2), "The state department shall verify the validity of the admitting privileges document..."

The state department has received an admitting privileges document in regards to a licensure application on file with the department.

Therefore, pursuant to state law, please verify that Dr. currently holds admitting privileges as of the date of this request with a reappointment date of 2/1/2017.

I have included last year's request for reference should it be needed.
A reply, like the one dated 10/20/15 is sufficient.

Thank you.

From:
Sent: Tuesday, October 20, 2015 10:42 AM



Planned Parenthood of Indiana and Kentucky

February 17, 2014

MD
Indianapolis Women's Center
1401 N. Arlington Ave
Indianapolis, IN 46219

RE: Backup Agreement

Dear Dr. _____

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization.

I have staff privileges in Obstetrics and Gynecology at _____ and _____
I, or one of my partners, will arrange patient admission and care for each patient needing my services according to each patient's need.

In the event my services are needed under this agreement, contact me by calling my office at _____. In addition, I have provided you with my cell phone and pager numbers. Please provide the patient's name, reason for referral, current medical condition and means of transport. A copy of all available patient records should be sent with the patient.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.



Planned Parenthood of Indiana and Kentucky

July 1, 2018

Dr.
Women's Medical Center
1201 N. Arlington Avenue
Indianapolis, IN 46219

RE: Backup Agreement for Marion County, Indiana

Dear Dr.

This letter confirms our agreement that I will provide emergency back-up services for your abortion patients in the event of a complication, emergency situation or other medical need that requires hospitalization. I have admitting privileges at _____ and

If the covering GYN physician of the day at either of these hospitals is uncomfortable with any postabortal services patient needing admission, I will assume care of that patient.

Intra-operative complications:

In the event my services are needed under this agreement for complications that occur during or immediately following the procedure, and before the patient has left the facility, contact me by calling my office at _____. In addition, my pager number is _____.

Please provide the patient's name, reason for referral, current medical condition, and means of transport. A copy of all available patient records should be sent with the patient.

Post-operative complications:

In the event my services are needed after the patient has left the facility, you or the physician on call should page me to the most appropriate call back number. Please provide the patient's name, reason for referral, current medical condition and means of transport.

Patients requiring emergency care will be directed to seek services at the hospital nearest to them.

I agree to provide you thirty (30) days notice if I need to modify or cancel this agreement for any reason.

Sincerely,

M.D.

January 29, 2013

_____, M.D.

Dear :

It is my pleasure to inform you that the Board of Trustees of _____
has approved your reappointment at _____ in
the OB/GYN Service. You have been reappointed to the Active category.

Your approved clinical privileges are effective February 2, 2013. Your reappointment date is
February 1, 2015.

Please log on to iProfile to carefully review your approved privileges for any modifications to the
original submission. The access instructions are attached. If you need a copy of your clinical
privileges, please contact Medical Staff Affairs at _____ or _____

Medical Staff members (physicians and dentists): if you are not currently board certified, please
review Article III.A.1.b. of the Medical Staff Bylaws.

Sincerely,

M.D.
Chief Medical Officer

jh

Attachment

Indiana State Department of Health

Abortion Clinic License

This is to certify that:

Counseling of Indiana Inc. d/b/a

CLINIC FOR WOMEN

3607 W 16TH ST STE 2B

INDIANAPOLIS, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011133-1 is effective July 1, 2016 and expires June 30, 2017.



Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION

Indiana State Department of Health

Abortion Clinic License

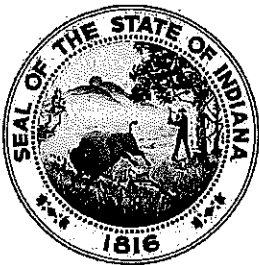
This is to certify that:

Planned Parenthood Of Indiana and Kentucky INC d/b/a
PLANNED PARENTHOOD OF INDIANA AND KENTUCKY INC
8645 CONNECTICUT ST
MERRILLVILLE, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011116-1 is effective July 1, 2016 and expires June 30, 2017.



Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION

Indiana State Department of Health

Abortion Clinic License

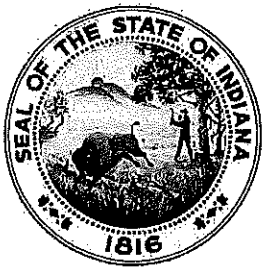
This is to certify that:

Planned Parenthood Of Indiana and Kentucky INC d/b/a
PLANNED PARENTHOOD OF INDIANA AND KENTUCKY INC
421 S COLLEGE AVE
BLOOMINGTON, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011117-1 is effective July 1, 2016 and expires June 30, 2017.



Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION

Indiana State Department of Health

Abortion Clinic License

This is to certify that:

Planned Parenthood Of Indiana and Kentucky d/b/a
PLANNED PARENTHOOD OF INDIANA AND KENTUCKY INC
8590 GEORGETOWN RD
INDIANAPOLIS, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011118-1 is effective July 1, 2016 and expires June 30, 2017.



Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION

Indiana State Department of Health

Abortion Clinic License

This is to certify that:

PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC - LAFAYETTE d/b/a
PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC -
964 MEZZANINE DR
LAFAYETTE, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-013765-1 is effective July 1, 2016 and expires June 30, 2017.



Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION

Indiana State Department of Health

Abortion Clinic License

This is to certify that:

Women's Med Group Professional Corporation d/b/a

WOMEN'S MED GROUP PROFESSIONAL CORPORATION

1201 N ARLINGTON AVE

INDIANAPOLIS, IN

an Abortion Clinic, has fulfilled the requirements for licensure and is subject to provisions of IC 16-21 and the rules of the Indiana State Department of Health issued thereunder.

This license shall not be assignable or transferable, and shall be subject to revocation at any time by the Indiana State Department of Health for failure to comply with the laws of the State of Indiana or the rules of the Indiana State Department of Health issued thereunder.

License number 16-011128-1 is effective July 1, 2016 and expires June 30, 2017.



Randall Snyder

RANDALL SNYDER PT, MBA
DIRECTOR, ACUTE CARE DIVISION